

Name
in
Full

Benjamin Allen

CERTIFICATE OF DEATH

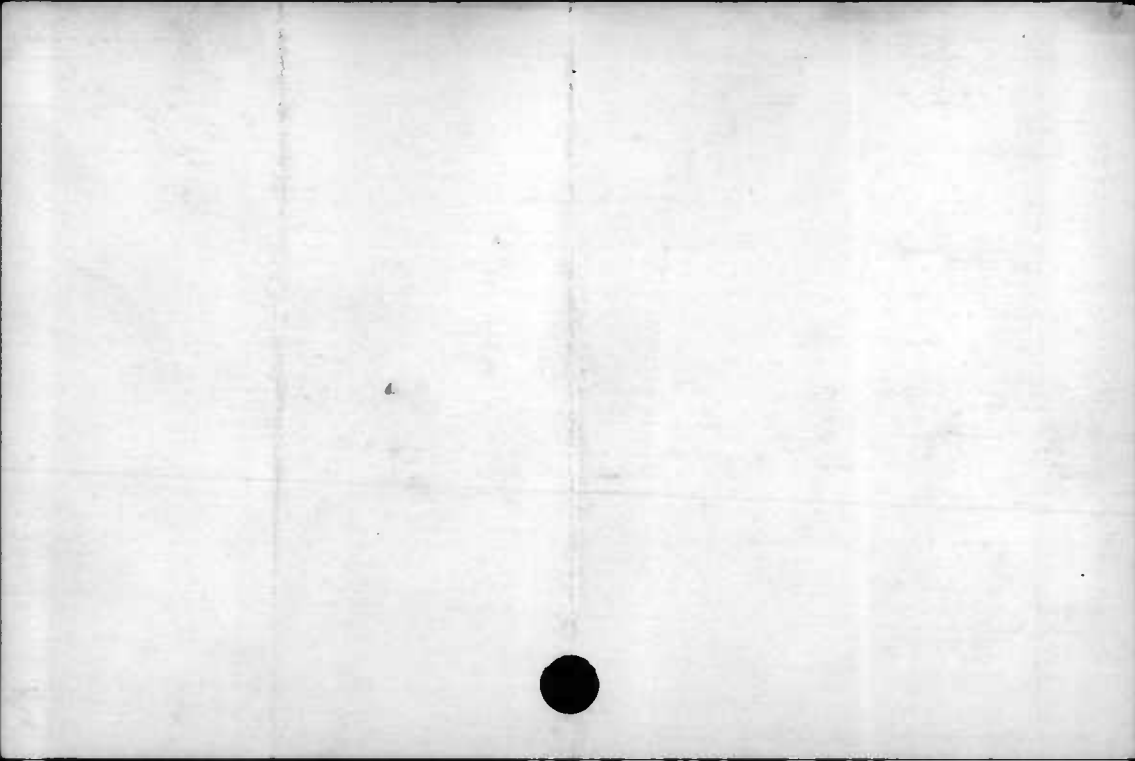
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		October	8	fifty three			
Sex	male	Color or Race	Colored	Birth-place	Bright Seat.		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Sarah Allen			
Father's Name		Semi Allen		Father's Birthplace			
Mother's Maiden Name		Viletta Allen		Mother's Birthplace			
Name of person giving information		Mabel M. Madden		How related to deceased		No relation	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parenchymatous Nephritis	How long	One to one year
Immediate	Urinary Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
To the best of my knowledge		Address	
Accident or Suicide?		Springfield, Md.	



Name
in
Full

viva J Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near* ^{Town} *Sturkirk* ^{County} *P George* **MARYLAND**

Date of death **190** ^{Month} *Oct* ^{Day} *14* ^{Age} *4* ^{Years} *6* ^{Months} *11* ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *P O Camden*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name *Willice Allen*Father's Birthplace *Ind*Mother's Maiden Name *Mary Marshall*Mother's Birthplace *md*Name of person giving information *Willice Allen*How related to deceased *Father*

CAUSES OF DEATH

Primary *Euler-colic*How long *3 m*

Immediate

How long

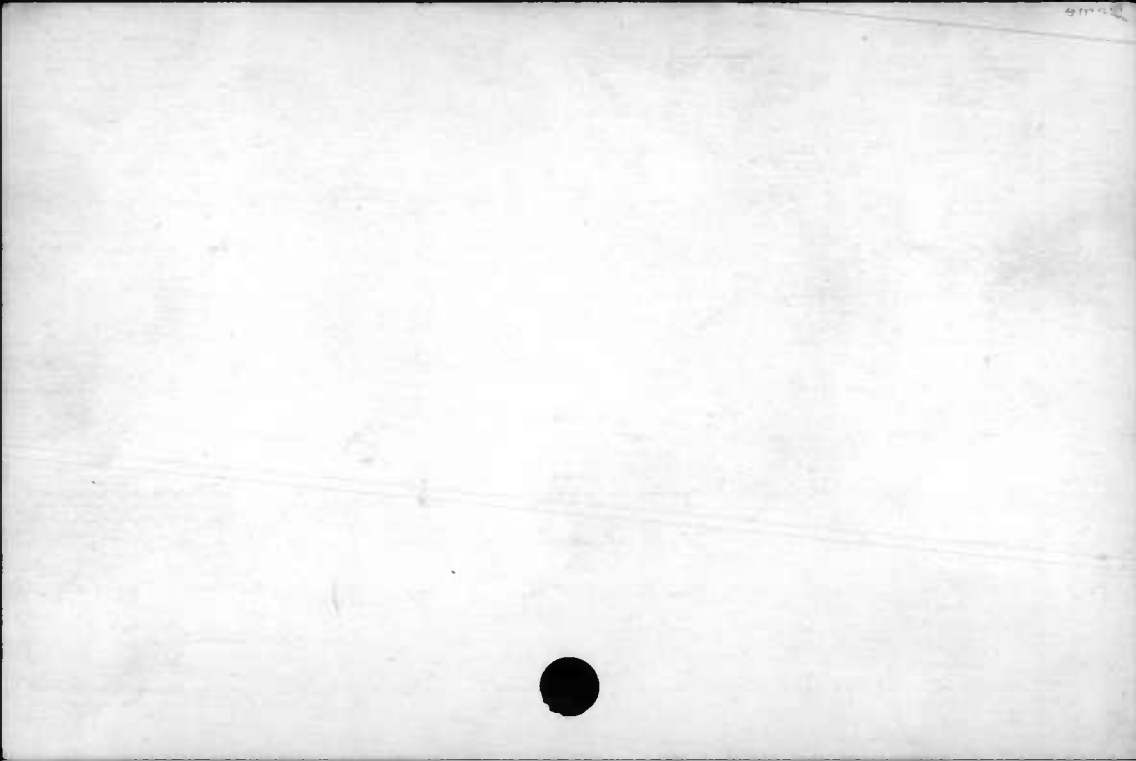
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address *St. Paul, Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

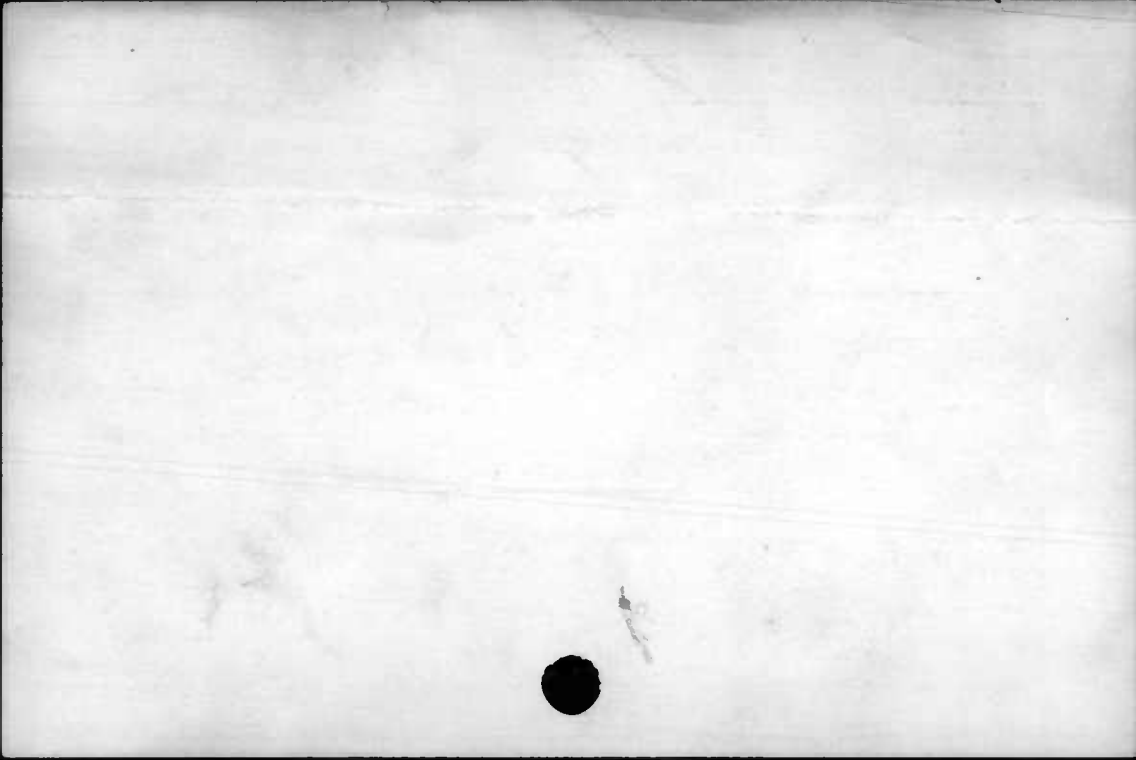
MARYLAND

Joseph R Armstrong
Died at Wintyrim Town P. G. County
Date of death 1903 Oct 5 Month Day Age 5 Years 5 Months 13 Days
Sex Male Color or Race Caucas Birth-place P. G. S.
Occupation none Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name William Armstrong Father's Birthplace P. G. S.
Mother's Maiden Name Anna Hawkins Mother's Birthplace " "
Name of person giving information William Armstrong How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enter Colic How long 105
Immediate
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. H. Gibbons
Address Crown Mt
Accident or Suicide?



Name
in
Full

Beane

CERTIFICATE OF DEATH

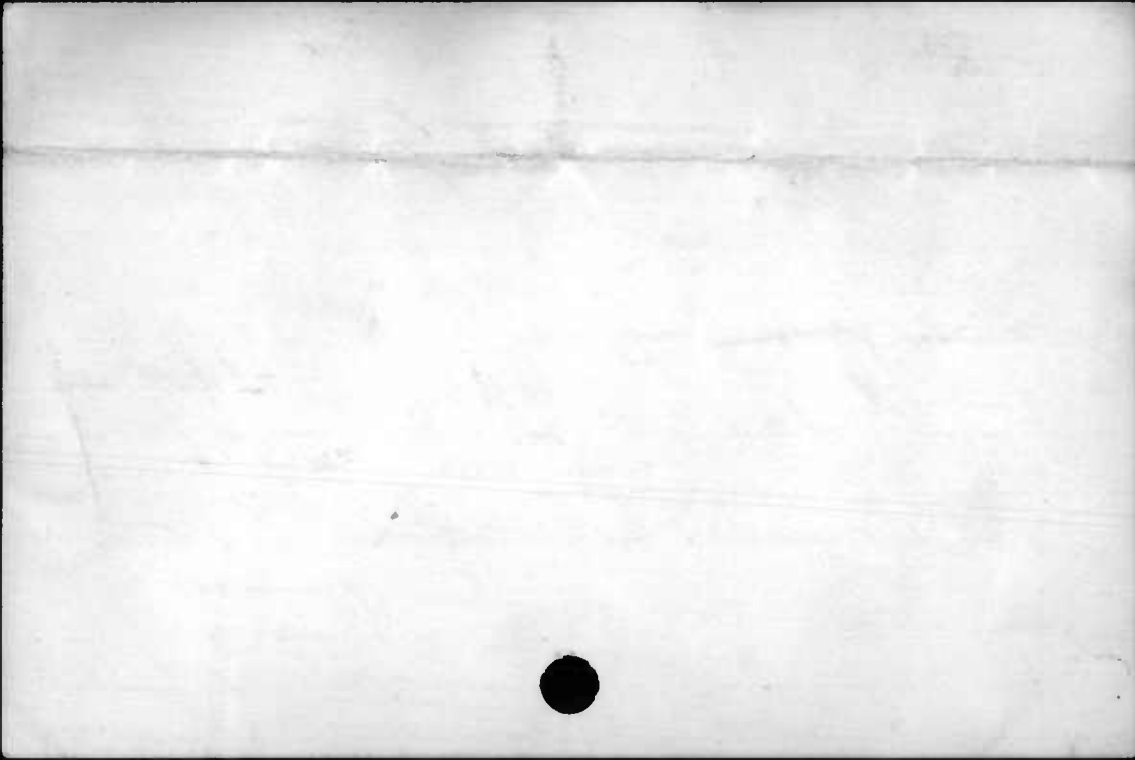
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Largo</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>Oct.</i> Day <i>26</i>	Age	Years	Months	Days <i>2 hours</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>MD</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Frank H. Beane</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Effie Starkey</i>			Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>—</i>			How related to deceased	<i>—</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>151</i>
Immediate	<i>Gestation</i>	How long	<i>6 Months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>John E. Samsbury</i>	
Address		<i>Frederick MD.</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

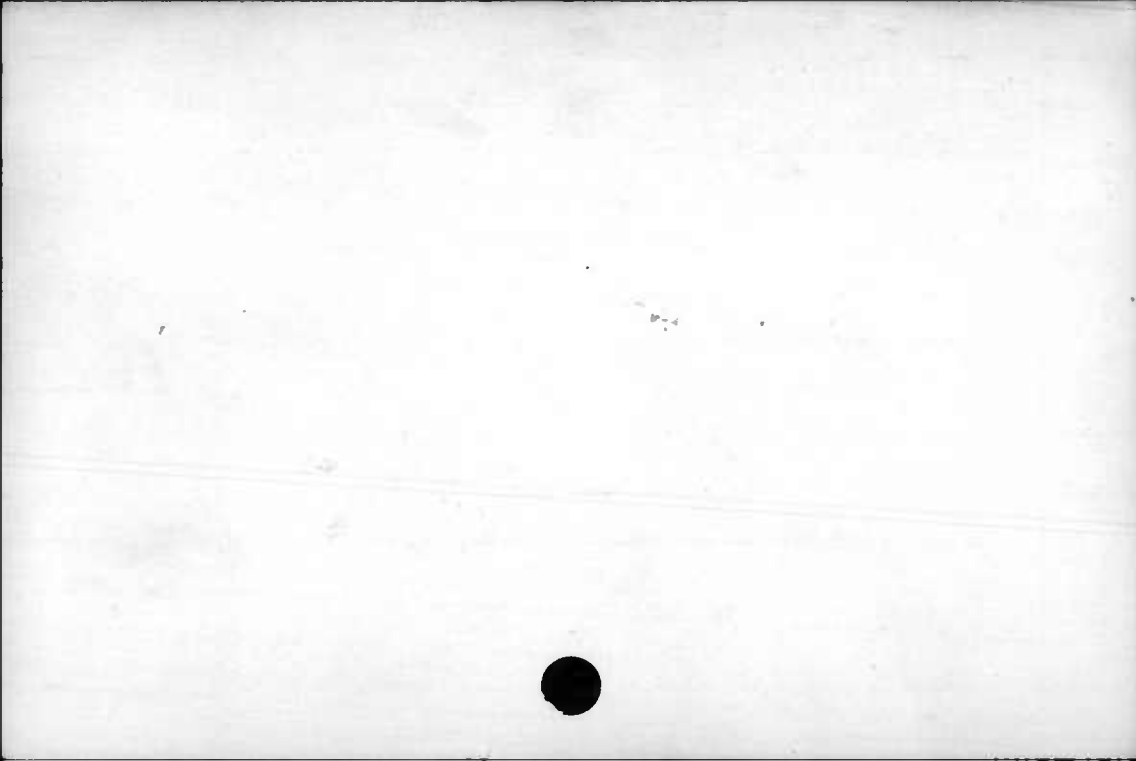
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>3</i> <i>Pr. Bys.</i>		Town <i>3</i>		County <i>Pr. Bys.</i>		MARYLAND	
Date of death <i>1900</i>		Month <i>10</i>		Day <i>27</i>		Age <i>0-3-</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>House-wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ben Boyd</i>					
Father's Name <i>Robert Simpson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Delia Boyd</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Samuel R. Boyd</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>8 mos.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>E. D. Lunt</i>	
Address		<i>Piscataway - Md.</i>	
Accident or Suicide?			



Name
in
Full

Roy Brauner

CERTIFICATE OF DEATH

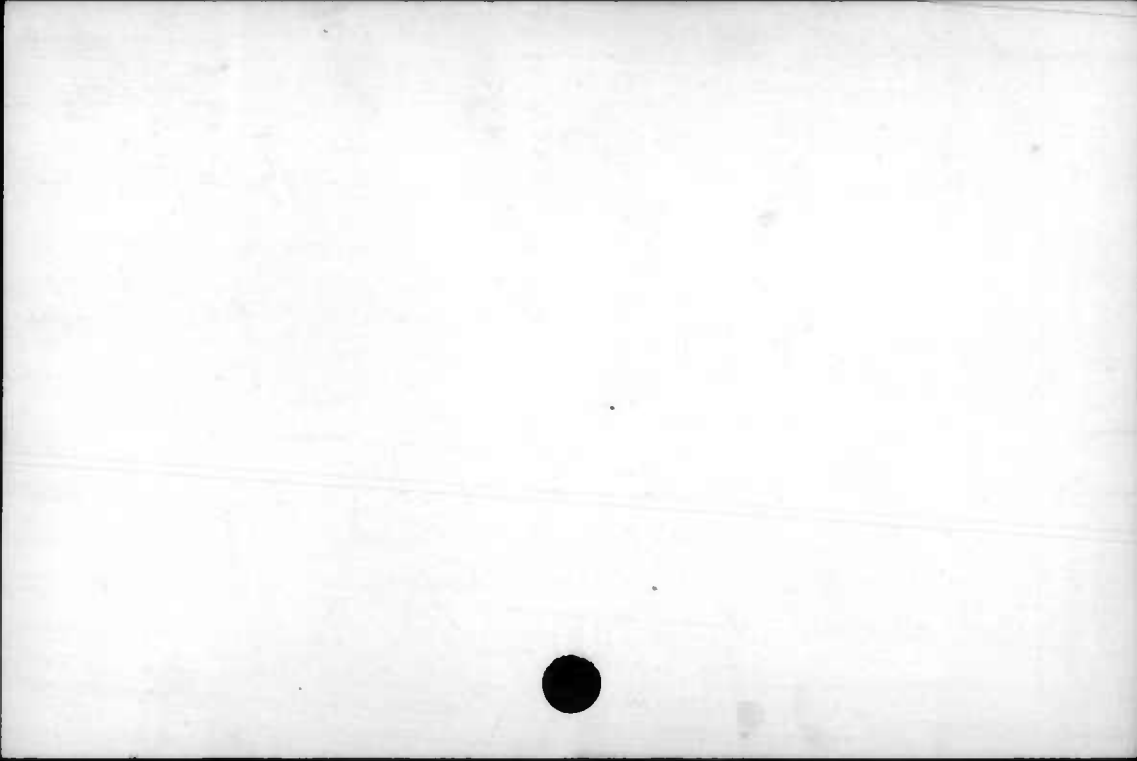
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Arkuk</i>		Town <i>Prime</i>		County <i>George</i>		MARYLAND							
Date of death <i>1906</i>		Month <i>10</i>		Day <i>2</i>		Age <i>2</i>		Years <i>2</i>		Months <i>4</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pr. Geo. Co Md.</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Joseph Brauner</i>				Father's Birthplace <i>Charles Co Md.</i>									
Mother's Maiden Name <i>Lizzie Butler</i>				Mother's Birthplace <i>Pr. Geo. Co Md.</i>									
Name of person giving information <i>Joseph Brauner</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Remittent Fever</i>	<i>(4)</i>	How long	<i>11 days</i>
Immediate	<i>Capillary Bronchitis</i>		How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Harry Halley</i>	
			Address <i>New Arkuk Md.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Upper Marlbow</u> ^{Town}		<u>P. G. Lee</u> ^{County}	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>11</u>	Age <u>—</u> Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>P. G. Lee, Ind.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>	
Father's Name <u>Madison Brown</u>		Father's Birthplace <u>P. G. Co.</u>	
Mother's Maiden Name <u>Harriet Ann Ford</u>		Mother's Birthplace <u>" "</u>	
Name of person giving information <u>Madison Brown</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Don't Know</u> <u>(179)</u>	How long <u>✓</u>
	Immediate	<u>" "</u>	How long <u>—</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Madison Brown</u>
	Address <u>Upper Marlbow Ind.</u>		
Accident or Suicide? <u>—</u>			

Wm A Hamilton

Name
in
Full

CERTIFICATE OF DEATH

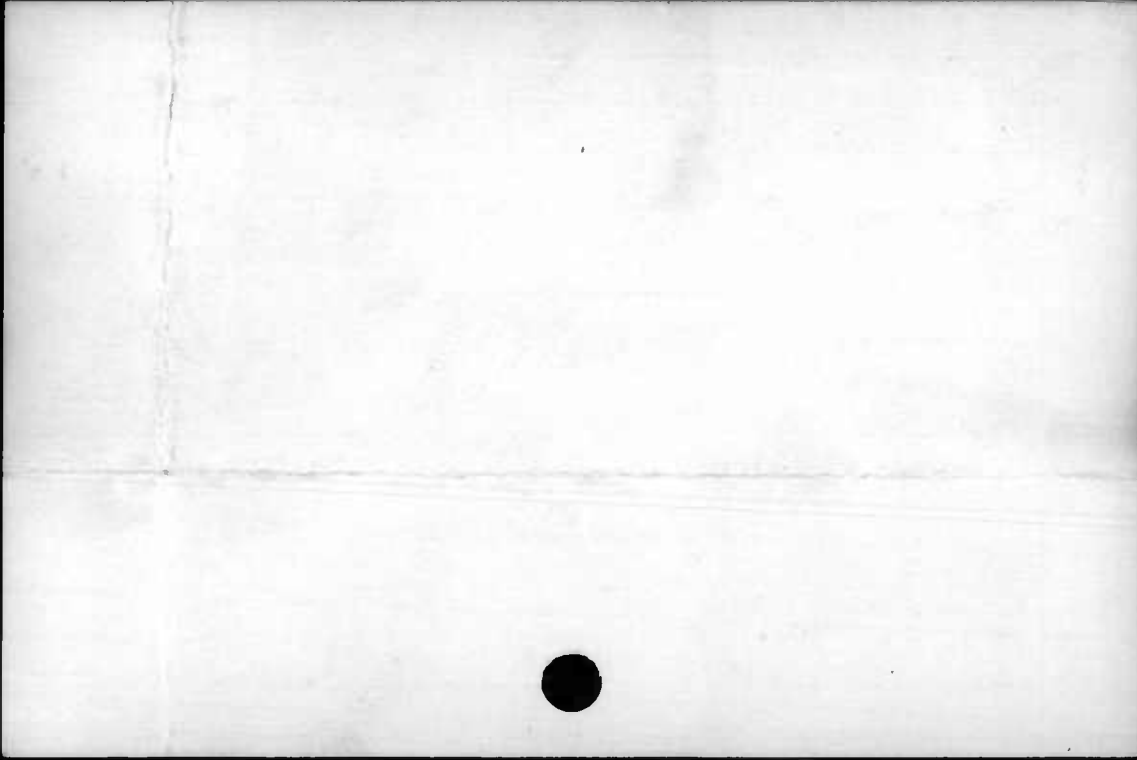
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Anne</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>17th</i>	Age Years	Months <i>7</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Queen Anne</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Thomas Brown</i>			Father's Birthplace <i>Friendship, Md.</i>		
Mother's Maiden Name <i>Mary Agnes Johns</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Thomas Brown</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition, Anaemia.</i>	How long <i>Since birth July 26th 1905</i>
Immediate <i>Exhaustion</i>	How long <i>about 72 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. R. DeFord</i>
	Address <i>Halls, Prince Georges Co., Md.</i>
Accident or Suicide?	



Name
in
Full

Peter Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rosencroft.		County Pr. Ges.		MARYLAND			
Date of death		1905	Month 10	Day 29	Age —	Years —	Months —	Days 6	
Sex		male		Color or Race		Black		Birth- place	Md
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Peter Brown		Father's Birthplace			Md
Mother's Maiden Name				Nellie Williams		Mother's Birthplace			Md
Name of person giving in formation				Peter Brown		How related to deceased			Walter

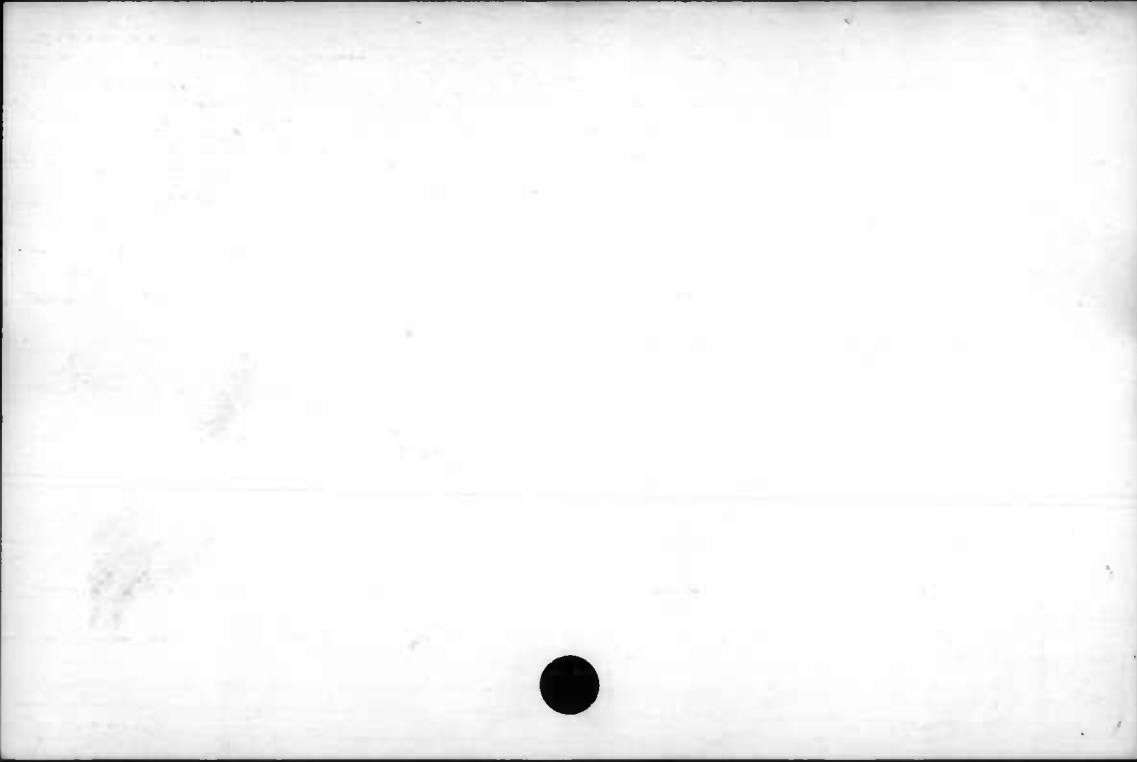
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Convulsion	How long	24 hrs
Immediate	Convulsion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. P. Simpson M.D.	
Address		Rosencroft. Md.	
Accident or Suicide?			



Name in Full		Anna Conter				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Aguasco		Town		MARYLAND	
	Date of death		1905 Oct.		24			
	Sex		Female		Color or Race		White	
	Occupation		Lady		Birth-place			Maryland
	Married, Single, or Widowed		Single		Name of Wife or Husband		Richard Conter	
	Father's Name		Dominick Bowling		Father's Birthplace			Maryland
	Mother's Maiden Name		Elizabeth Giel		Mother's Birthplace		Maryland	
	Name of person giving information		Mrs. Geo. Forbes		How related to deceased			Sister
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary		Chronic indigestion, Neurosthenia				How long	Several years
	Immediate		Anorexia & Exhaustion				How long	Several months
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Mrs. A. Marbury M.D.	
	Address		Aguasco, Maryland.		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death

1905

Month

Oct

Day

5th

Age

Years

Months

Days

Sex

Female

Color or
Race

black

Birth-
place

Munkunk

Occupation

Child

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Mashuel Conway

Father's
Birthplace

Munkunk

Mother's
Maiden Name

Muddy Franklin

Mother's
Birthplace

Munkunk

Name of person giving
In formation

J. H. Conway

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Typhoid

(1)

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

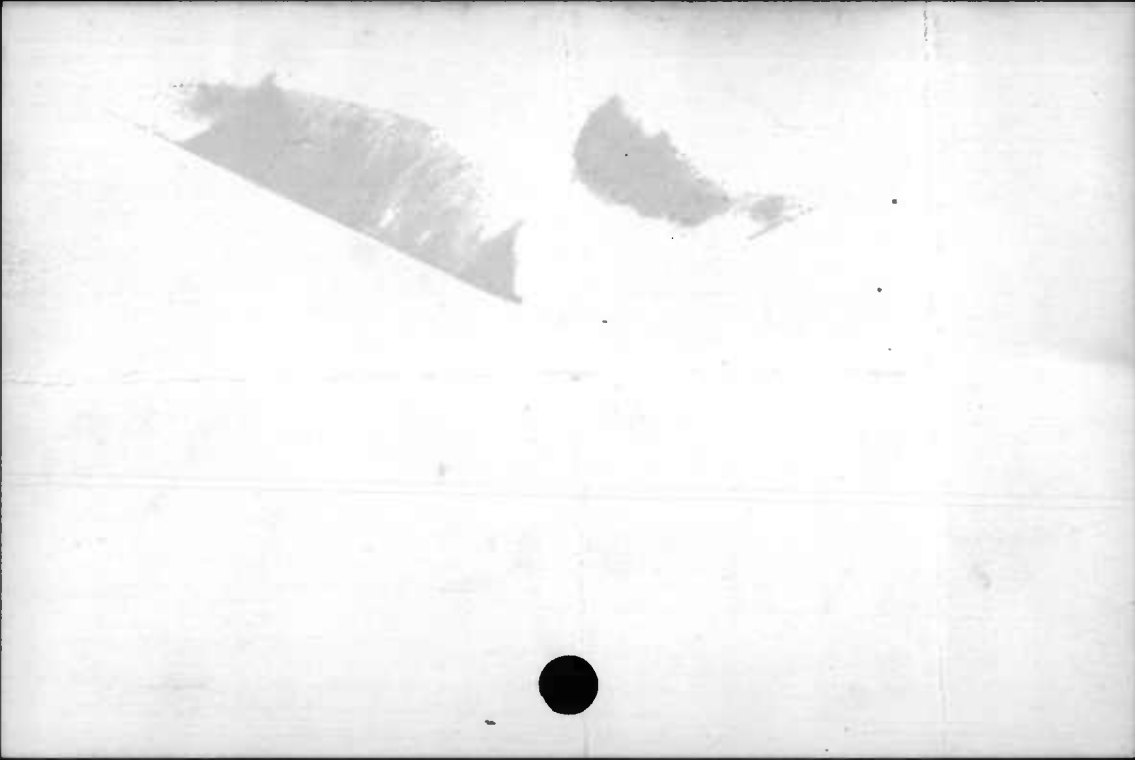
yes

Signature of
Physician

Address

J. P. Ryerly
Saural Ind

Accident or Suicide?



Name in Full

Certificate of Death

Theodore E. Cunnise
 Died at *Rose Craft* *Prince Georges* County *MARYLAND*

Date 19*05* Month *Oct* Day *21* Y. *10* M. *10* D. *10* Native of *M-d* Occupation *Child*
 Male *White* Married *Widow* Divorced *Widow*
 Female *Colored* Single *Number of children living*

Husband of *Wife*

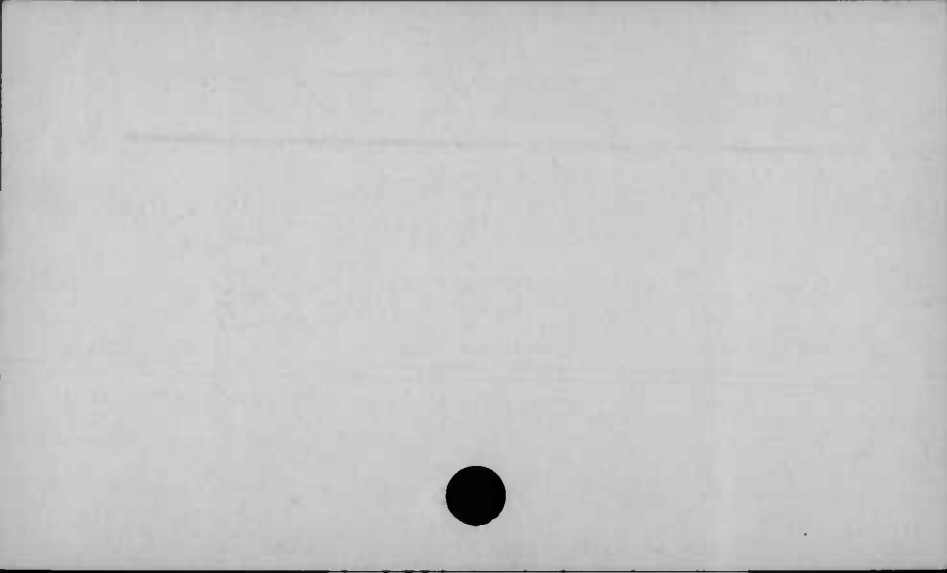
Father's Name *Eli Cunnise* Mother's Maiden Name *Mary Wilson*

Cause of Death { Primary *Cholera Infantum* Immediate *As the sick* How long sick *10 days* *105* Accident, Suicide, Homicide

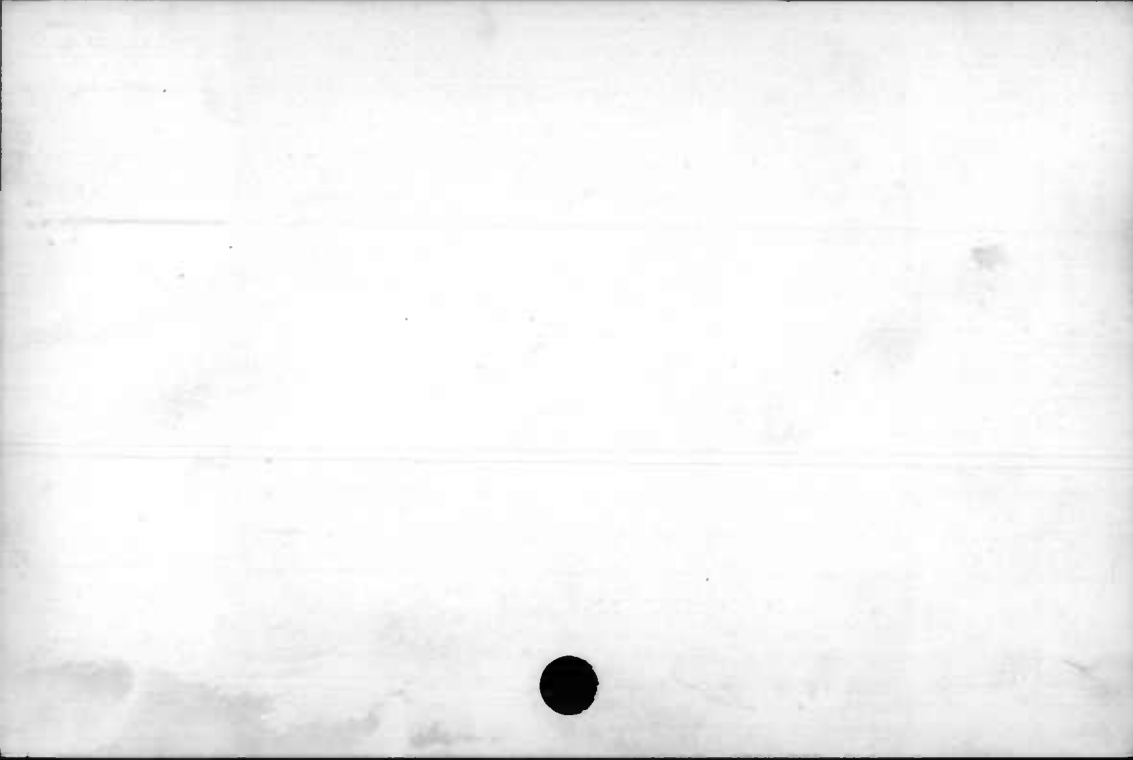
Reported by *Jos. M. Parker, Jr.*

Address *Reynolds Heights D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Grace E. Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Marlboro		Prince George		MARYLAND	
	Date of death	1900	Month 10	Day 14	Age	Years	Months 24
	Sex	Female		Color or Race		White	
	Occupation			Birth-place		Marlboro	
	Married, Single or Widowed		Where Residing if not at place of death				
	Father's Name		James E. Davis		Father's Birthplace		Ind
	Mother's Maiden Name		Mary E. Hall		Mother's Birthplace		Ind
Name of person giving information		James E. Davis		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	2 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		jio		Signature of Physician		
					Address		
Accident or Suicide?				Reverdy Sasser Upper Marlboro, Ind.			



Name
in
Full

Mamie W. W. W.

CERTIFICATE OF DEATH

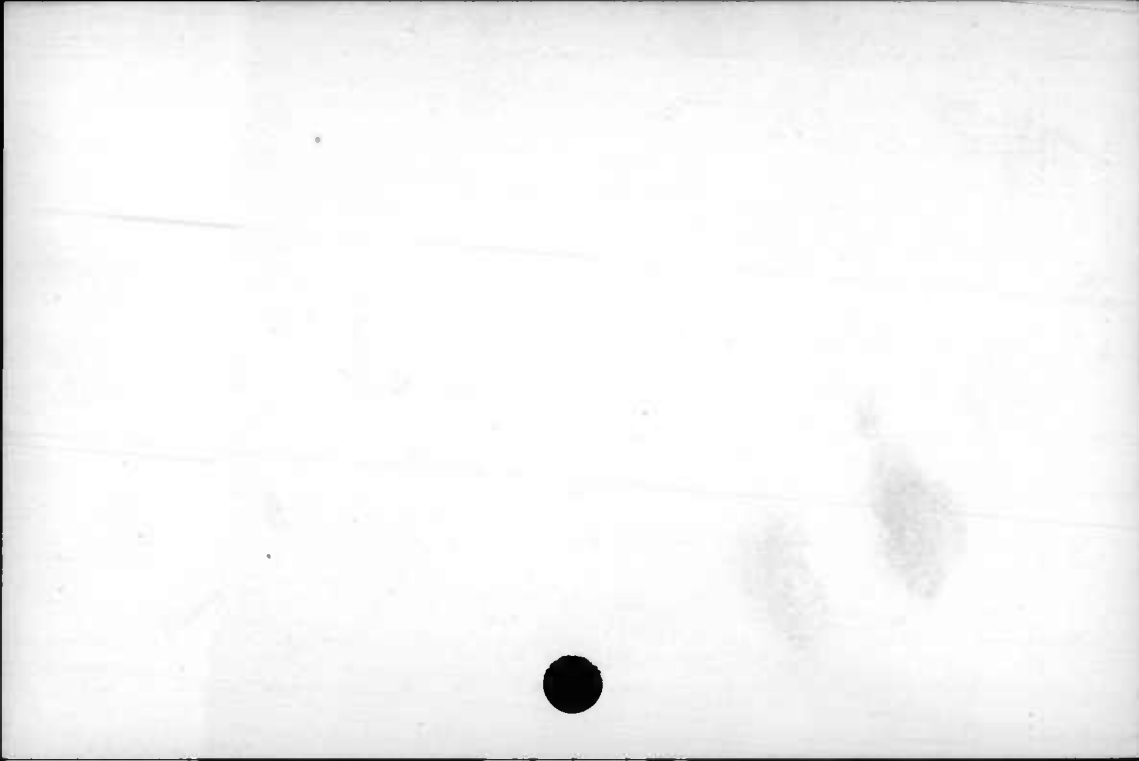
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Marlboro		^{County} Ar Geo		MARYLAND	
Date of death	1905	Month	OCT	Day	27
Age		Years		Months	Days
26					
Sex	Female	Color or Race	Black	Birth-place	Ar Geo Co Md
Occupation	Servant		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Charles W. W.		
Father's Name	William W. W.			Father's Birthplace	Md
Mother's Maiden Name	Ellison			Mother's Birthplace	Md
Name of person giving information	Wm W. W.			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	2 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. G. J. J.
		Address	Upper Marlboro Md
Accident or Suicide?			



Name
in
Full

Child born to *Benjamin A. Ellis*

Ellis

CERTIFICATE OF DEATH

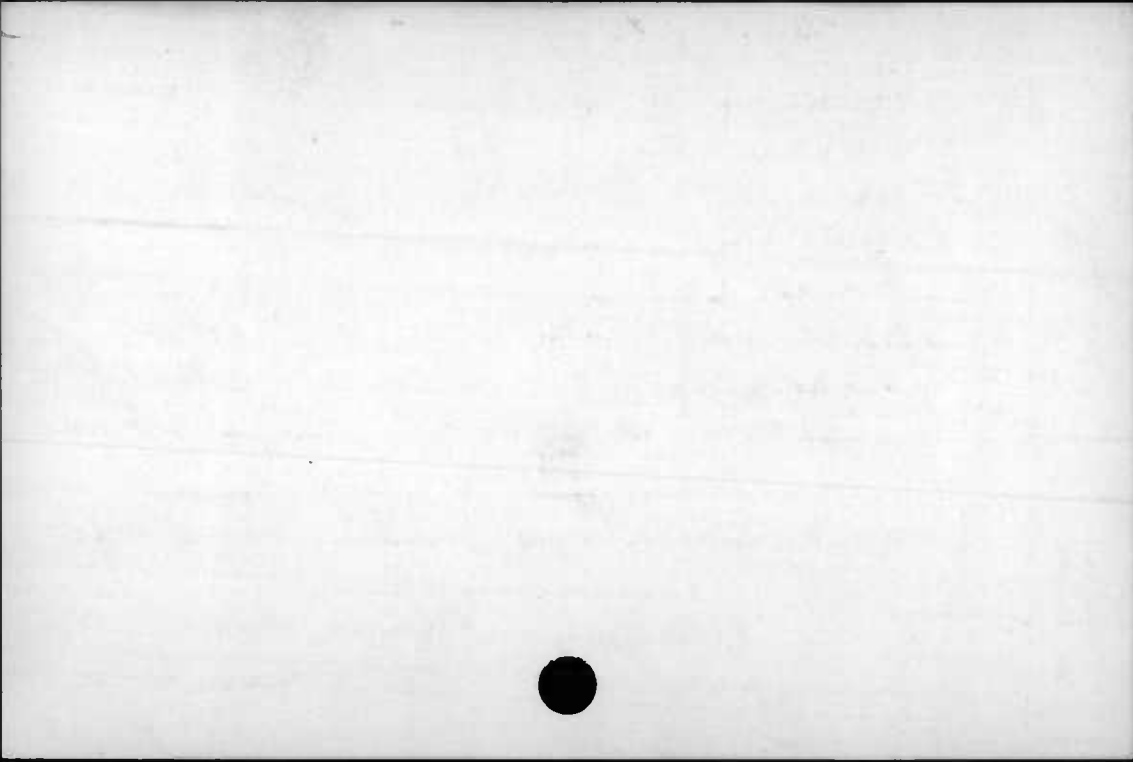
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chillum</i> Town		County <i>Prince George</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>21</i>	Years	Months	Days
Age <i>Still birth</i>		Sex <i>Female</i>		Color or Race <i>White</i>	
Birth-place <i>Chillum</i>		Occupation		Where Residing If not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Benjamin A. Ellis</i>		Father's Birthplace <i>D.C.</i>			
Mother's Maiden Name <i>Mabel Ellis</i>		Mother's Birthplace <i>D.C.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Placenta-præva with hemorrhage</i>	How long <i>Full term</i>
Immediate <i>hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alfred V. Parsons</i>
	Address <i>Takoma Park D.C.</i>
Accident or Suicide?	



Name
in
Full

Mark Fleet

CERTIFICATE OF DEATH

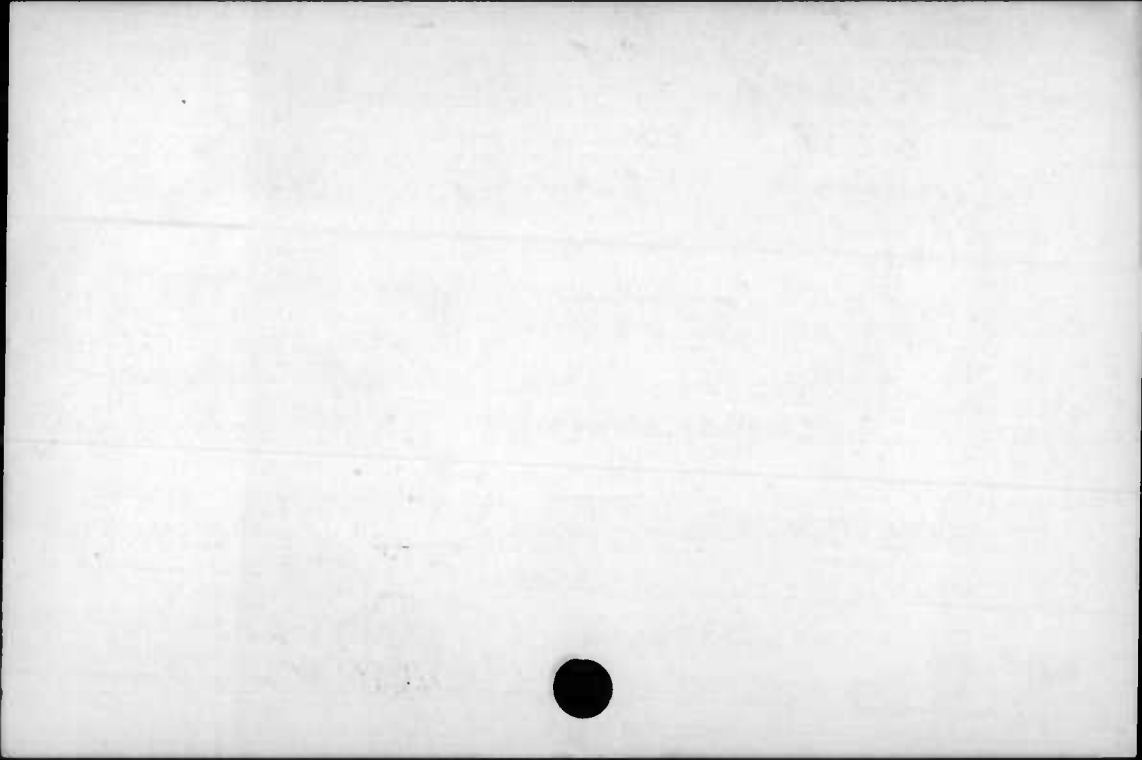
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bowie		County		Prince George		MARYLAND			
Date		Month		Day		Years		Months		Days	
of death		1905 Oct		24		Age		24			
Sex		Male		Color or Race		Colored		Birth-place		Md	
Occupation				Laborer				Where Residing if not at place of death			
Married, Single or Widowed				Single				Name of Wife or Husband			
Father's Name				John Fleet				Father's Birthplace			
Mother's Maiden Name				Nancy Duckett				Mother's Birthplace			
Name of person giving information				John Fleet				How related to deceased			
								Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary Consumption		How long		9 months	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Nebma Ryon Md	
				Address		Bowie	
Accident or Suicide?		No				Md	



Name
In
Full

CERTIFICATE OF DEATH

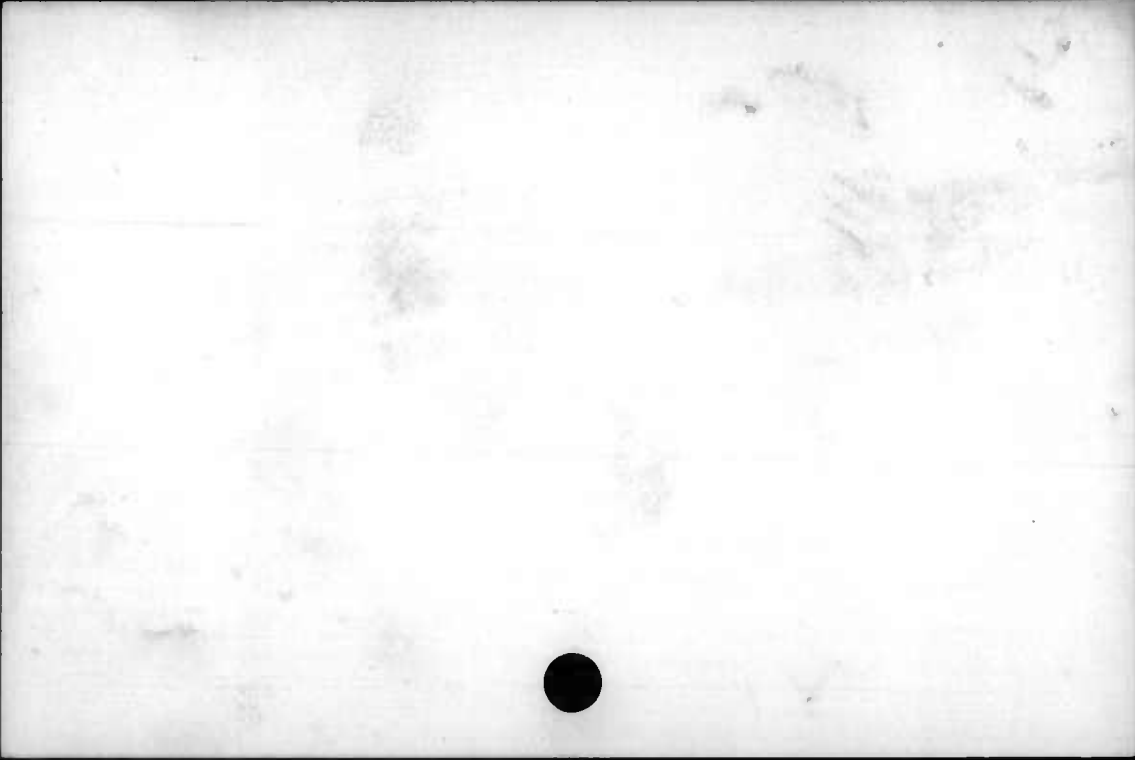
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lizzie Gross</i>		Town <i>Woodville</i>		County <i>Pr. Eds</i>		State <i>MARYLAND</i>	
Died at		Date of death 190 <i>5</i>		Month <i>10</i>		Day <i>30</i>	
Age <i>4</i>		Years <i>4</i>		Months <i>5</i>		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Woodville Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>-</i>					
Name of Wife or Husband <i>-</i>							
Father's Name <i>Glennellon Gross</i>		Father's Birthplace <i>Woodville Md</i>					
Mother's Maiden Name <i>Eliza Ruder</i>		Mother's Birthplace <i>Woodville Md</i>					
Name of person giving information <i>Glennellon Gross</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Very extensive burns</i>	How long	<i>7 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Ford</i>	
		Address <i>Agnes Md</i>	
Accident or Suicide?			



Name
in
Full

John. William Hilkey -

CERTIFICATE OF DEATH

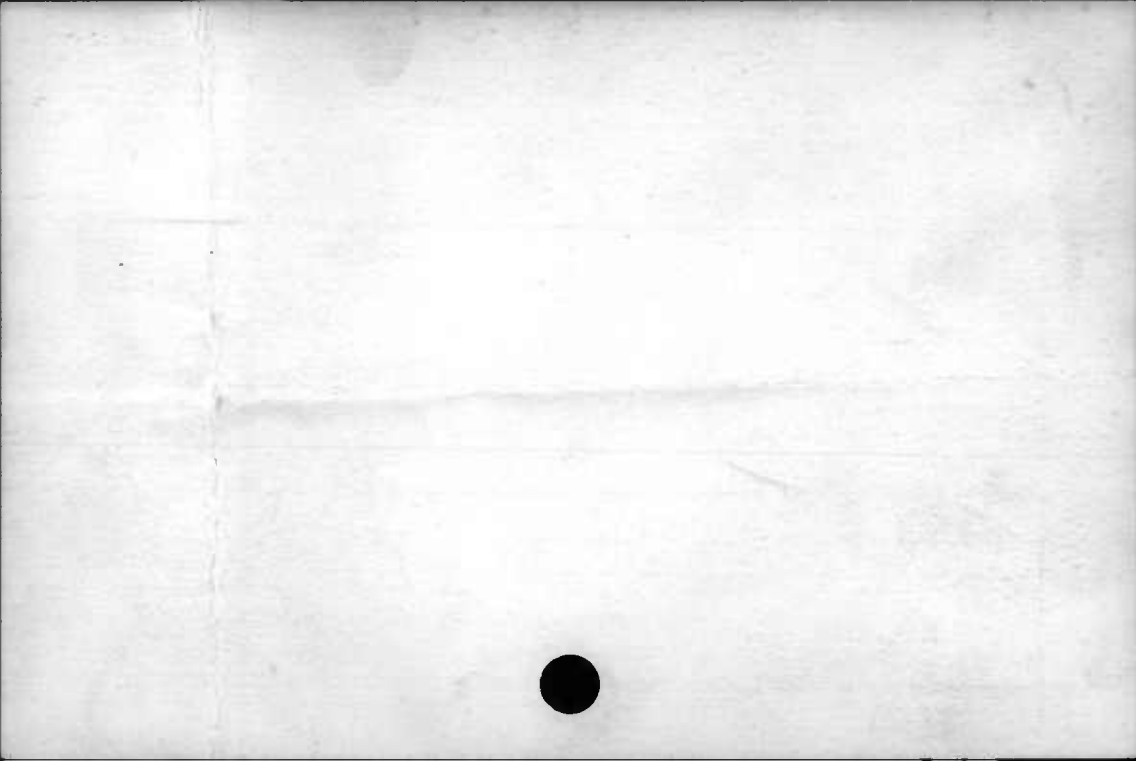
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bessemer</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Oct</i>	Day	<i>5</i>
Age		Years		Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Bessemer Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Fannie P Henry</i>			
Father's Name		<i>Wm J Hilkey</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name		<i>Fannie P Shepherd</i>		Mother's Birthplace <i>Va</i>	
Name of person giving information		<i>Father</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Debility</i>	How long	<i>S.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. A. Fox</i>	
		Address <i>Bessemer Md</i>	
Accident or Suicide?			



Name
in
Full

George Washington Hoffman.

CERTIFICATE OF DEATH

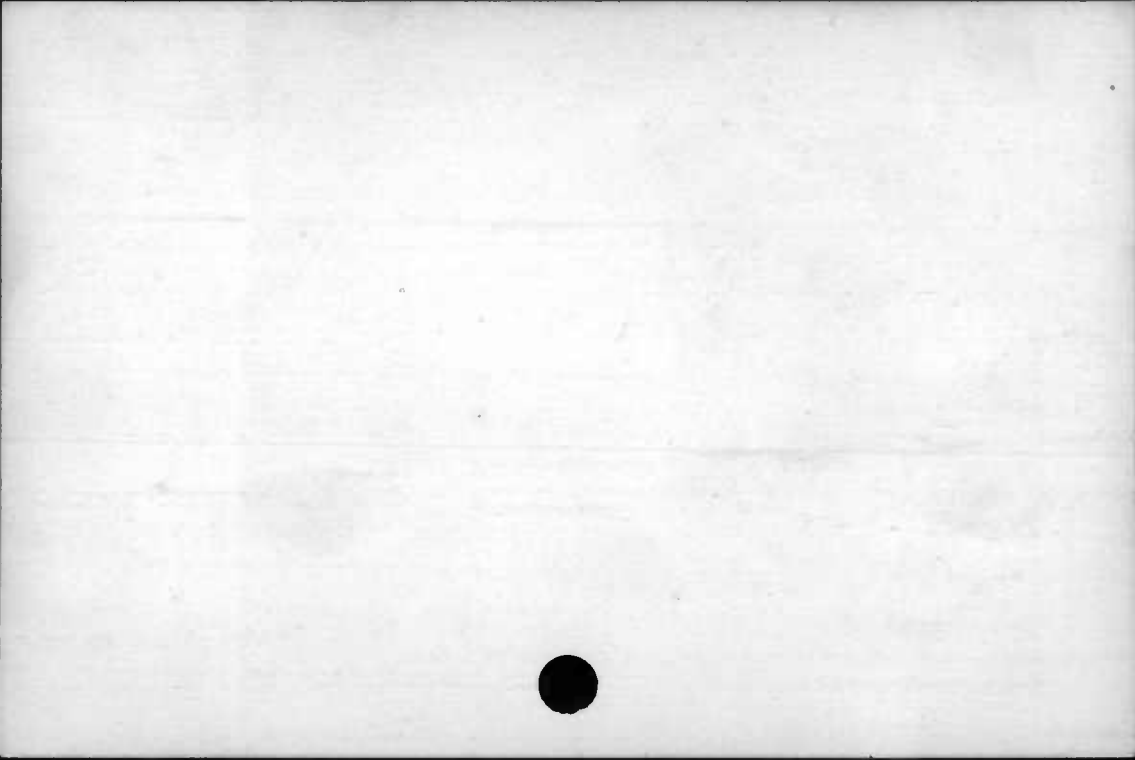
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
"Elmwick" Laurel Prince Geo. Co.							
Date of death	1905	Month	Oct.	Day	8	Years	Age 24
Sex	Male.	Color or Race	White	Birth-place	Baltimore Co.,	Months	Days
Occupation	Machinest			Where Residing if not at place of death	Baltimore, Md.		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	William Holmes Hoffman.				Father's Birthplace	Baltimore	
Mother's Maiden Name	Sally A. Carr				Mother's Birthplace	Howard Co Md	
Name of person giving information	Mrs H. A. Hoffman				How related to deceased	Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	3 yrs.
Immediate	Pulmonary hemorrhage	How long	2 1/2 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. E. E. Tyson M. D.
		Address	Laurel
			Prince Geo Co., Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Chas. Jackson

P. G.

Town

County

MARYLAND

Died at

Glendale

P. G.

Date

Month

Day

Years

Months

Days

of death

1905

Oct

10

Age

19

3

Sex

Male

Color or
Race

Black

Birth-
place

P. G. Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

W. H. Jackson

Father's
Birthplace

Virginia

Mother's
Maiden Name

Saline B. Hicks

Mother's
Birthplace

Virginia

Name of person giving
In formation

W. H. Jackson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever

How long

4 weeks

Immediate

Hemorrhage of bowels

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

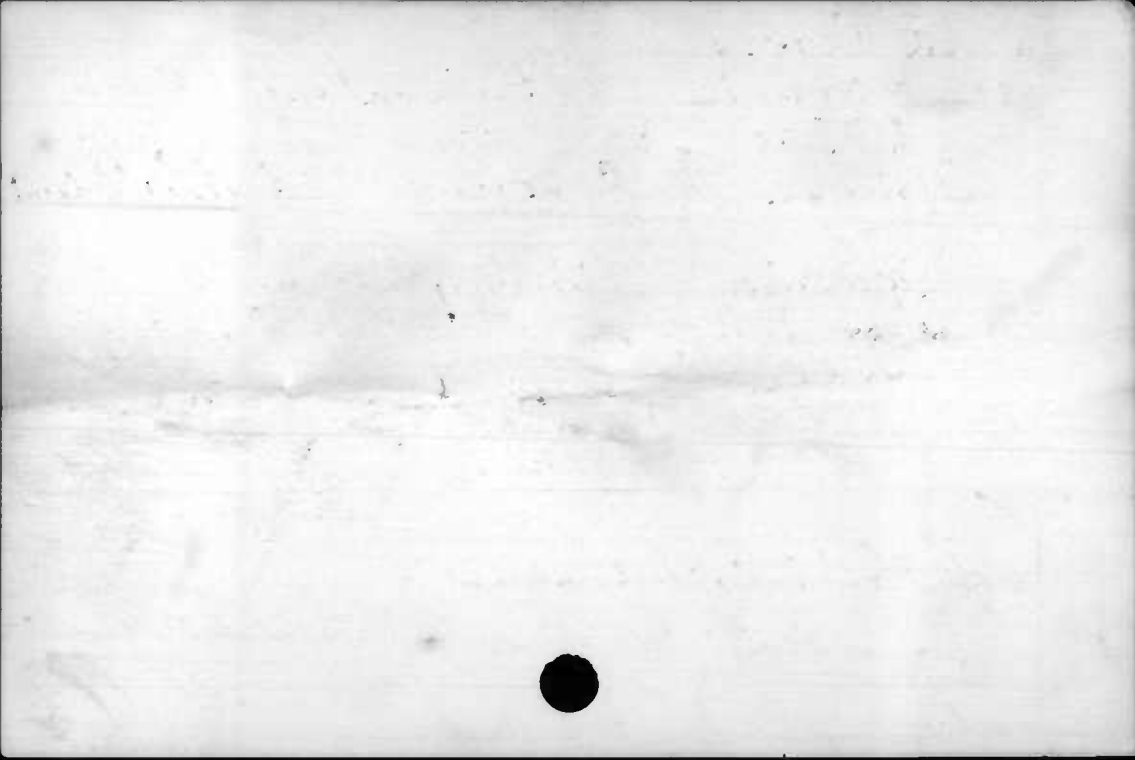
Add

Mr. M. D. Russell
Springfield Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

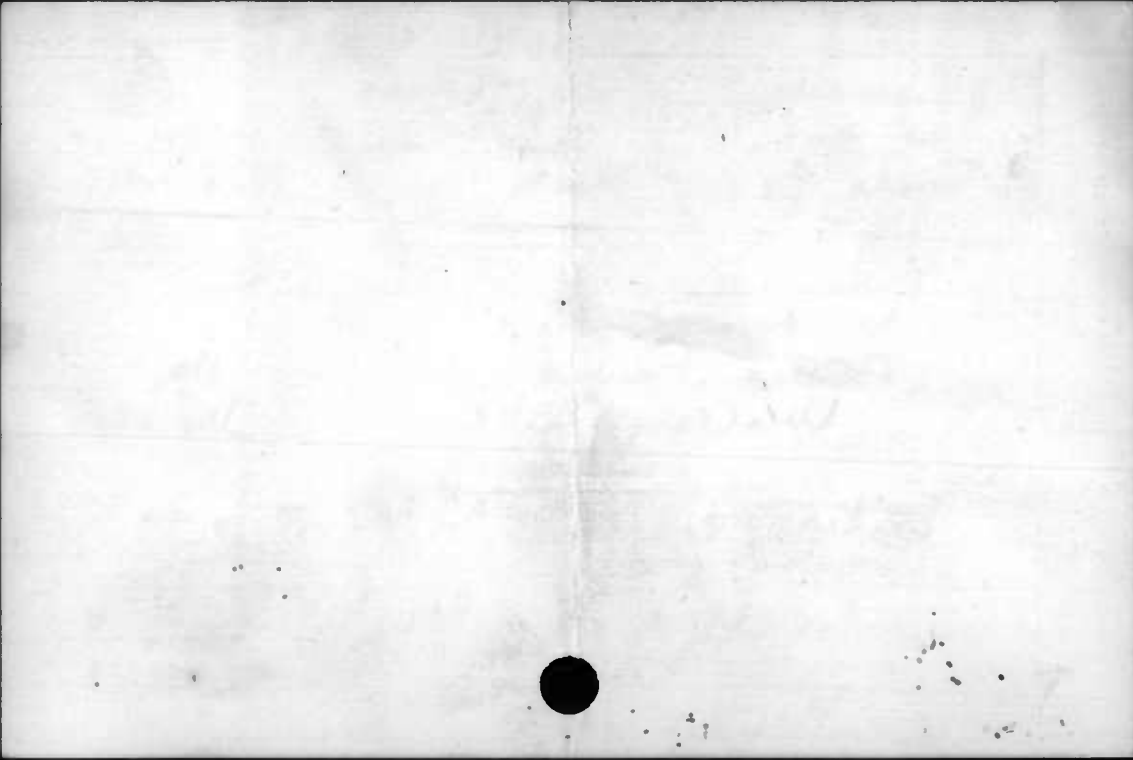
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Julia Jenkins</i>		Town <i>Mt. Vernon</i>		County <i>Pr. Geo.</i>		MARYLAND	
Died at <i>Mt. Vernon</i>		Month <i>Oct</i>		Day <i>8</i>		Years <i>46</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Stenson Jenkins</i>					
Father's Name <i>William Ford</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Stenson Jenkins</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestine obstruction</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hobbs</i>
	Address <i>Crofton md</i>
Accident or Suicide?	



Name
in
Full

Rewis (Unnamed)

CERTIFICATE OF DEATH

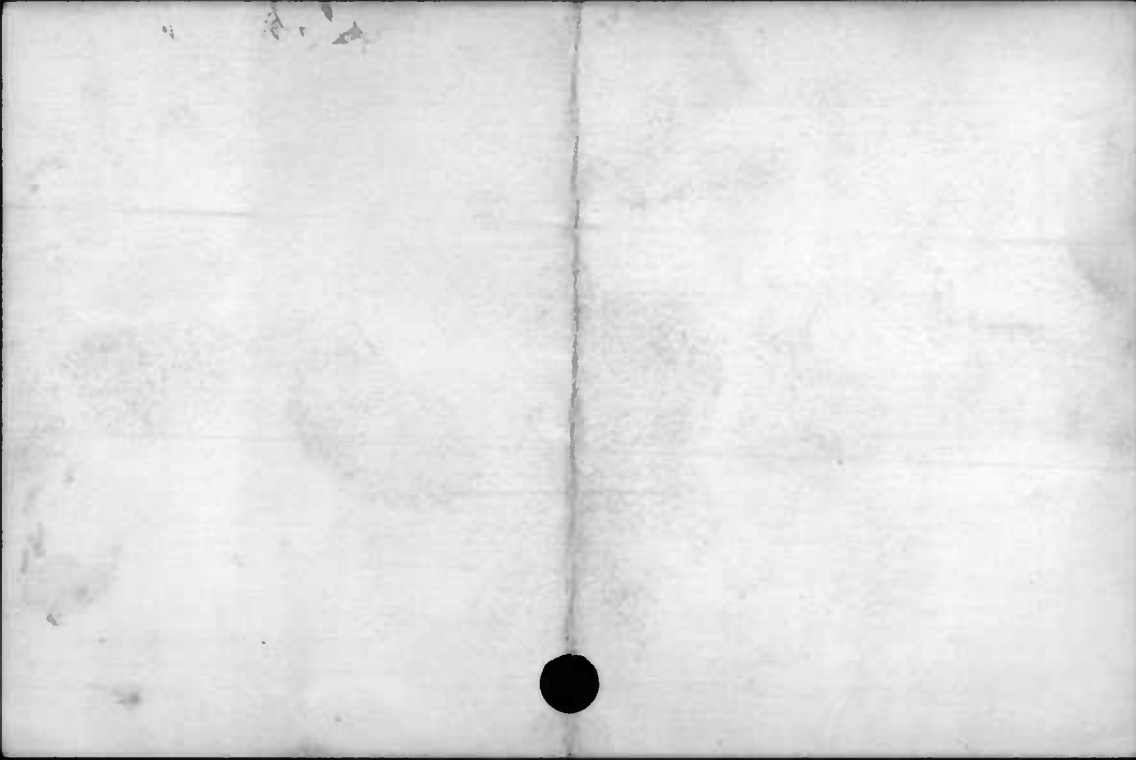
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Riverdale</u>		Town <u>Pr eses</u>		County		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>	Days <u>10</u>	
Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>Riverdale Md</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Unknown</u>				Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Bessie . Lewis</u>				Mother's Birthplace <u>Va</u>			
Name of person giving information <u>Walter Ewell</u>				How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>3 mo</u>
Immediate	<u>" "</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Gay W. Hatterman</u>	
Address <u>Phyllisville Md</u>		Address <u>Phyllisville Md</u>	
Accident or Suicide? <u>Neither</u>			



Name in Full		Certificate of Death	
Carrie Luckett		MARYLAND	
Died at 216. Town		Pr Geo County	
Date of death 1905- Oct- 25-		Age 27	
Sex female		Color or Race white	
Occupation		Birth-place Md	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Marcus L Luckett		Father's Birthplace Md	
Mother's Maiden Name Virginia Boswell		Mother's Birthplace Md	
Name of person giving information C. R. Boswell		How related to deceased Cousin	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		How long 8 mo	
Immediate Asthenia		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John A Coe	
		Address 216. Md	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Child of Seroy and Amanda Matthews

Died at

Town

County

Date

Month

Day

Years

Months

Days

MARYLAND

of death

1905 October

25

Age

Still born

Sex

Male

Color or
Race

White

Birth-
place

Hyattsville, Ind

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Seroy & Amanda Matthews

Father's
Birthplace

Washington, D.C.

Mother's
Maiden NameMother's
Birthplace

Washington, D.C.

Name of person giving
In formation

Amanda Matthews

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Mother's ill health.

How long

1 year

Immediate

Death of foetus in uterus.

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

yes

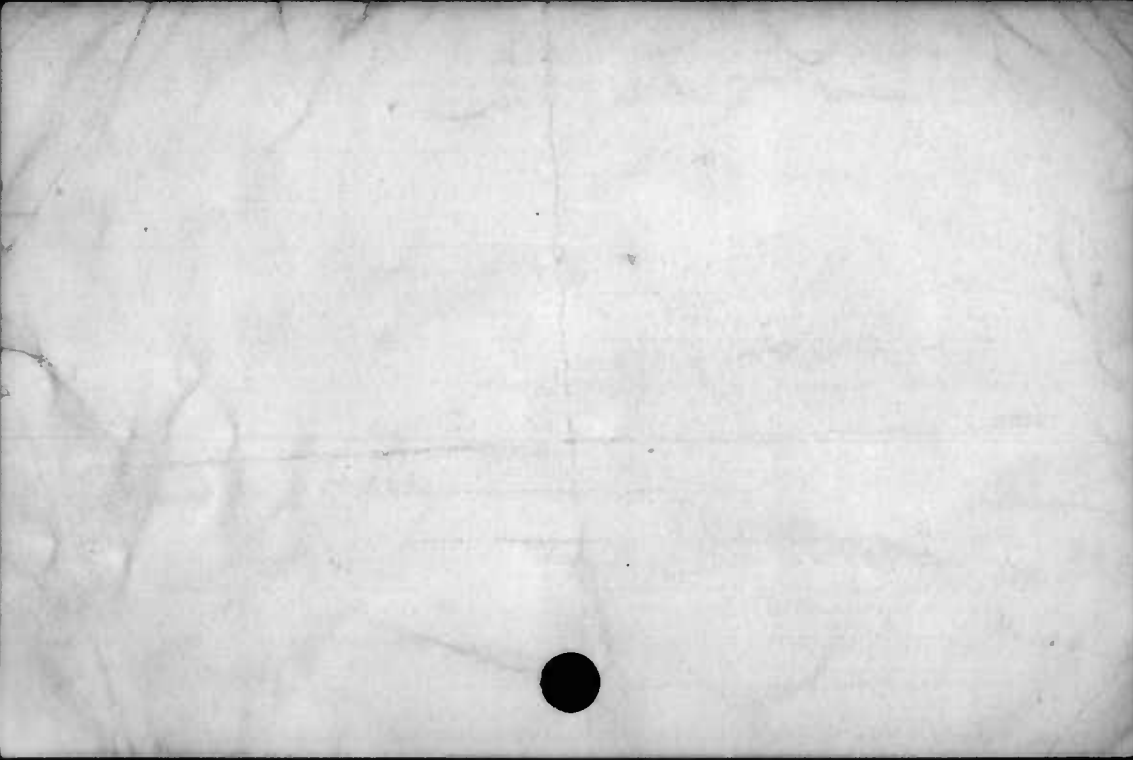
Signature of
Physician

Address

S. L. Perry
Hyattsville

Prince Georges Co

Accident or Suicide?



Name
in
Full

John Hartman Morgan

CERTIFICATE OF DEATH

Town

Laurel

County

Prince George

MARYLAND

Died at

Date

of death 1905

Month

Oct.

Day

29

Years

Age

Months

3

Days

25

Sex

male

Color or
Race

white

Birth-
place

Prince Geo. Co.

Occupation

Where Residing if not
at place of death

Laurel, Md.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Perry B Morgan

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Lula P Chalk

Mother's
Birthplace

Laurel, Md.

Name of person giving
In formation

Mary J. Chalk

How related
to deceased

Grand Mother

CAUSES OF DEATH

Primary

Parasurus

How long

2 Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R. C. Forley M.D.
Laurel, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mahala E. Radgett

Town

County

MARYLAND

Died at

Laure

Prince Geo

Date

Month

Day

Years

Months

Days

of death

1905 Oct

4th

Age

72

9

27

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Home Mfr

Where Residing if not
at place of death

Laure

Married, Single
or Widowed

yes

Name of Wife or
Husband

-

Father's
Name

George Campbell

Father's
Birthplace

Md

Mother's
Maiden Name

Mary E. Hopkins

Mother's
Birthplace

Md

Name of person giving
Information

Susan L. Harris

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Acute indigestion

How long

8 days

Immediate

Asystole

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

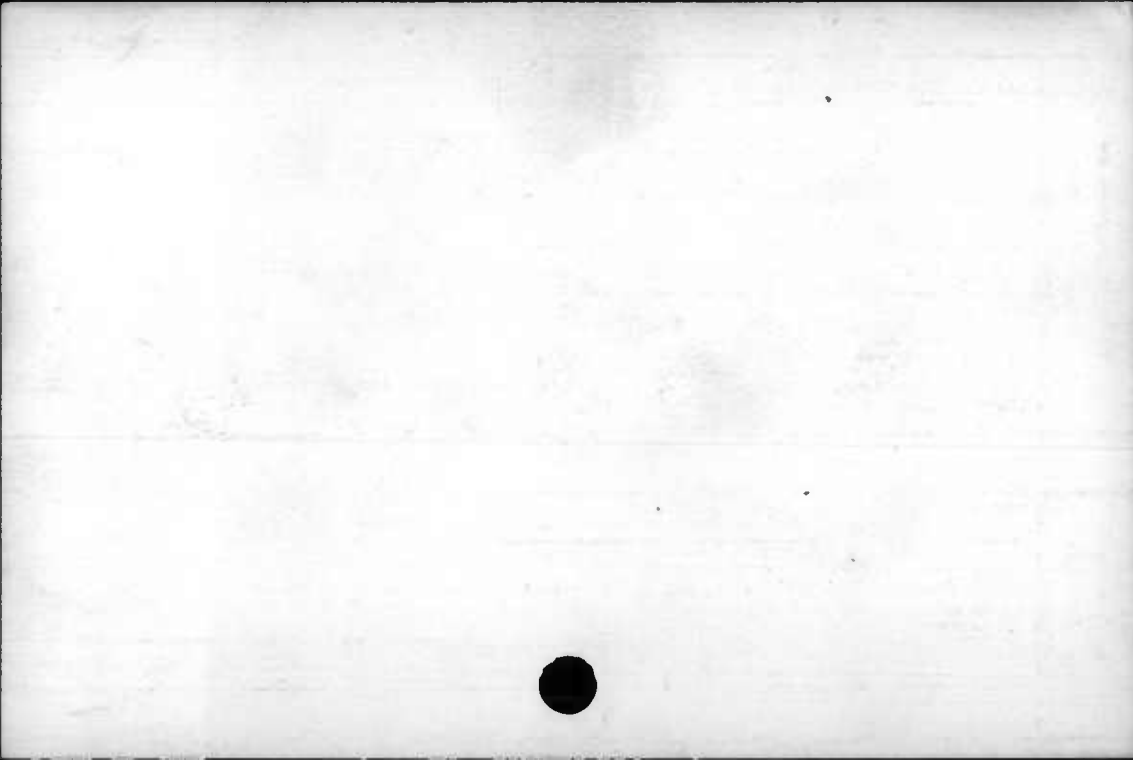
Signature of
Physician

Address

W. F. Taylor
Laure Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ann M. Rawlings

MARYLAND

Died at Congress Heights D.C. Town W.D.C. County

Date of death 1905 Month Oct Day 26th Age 64 Years

Months

Days

Sex Female Color or Race White Birth-place P.P. County

Occupation Housework Where Residing if not at place of death Wash D.C.

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

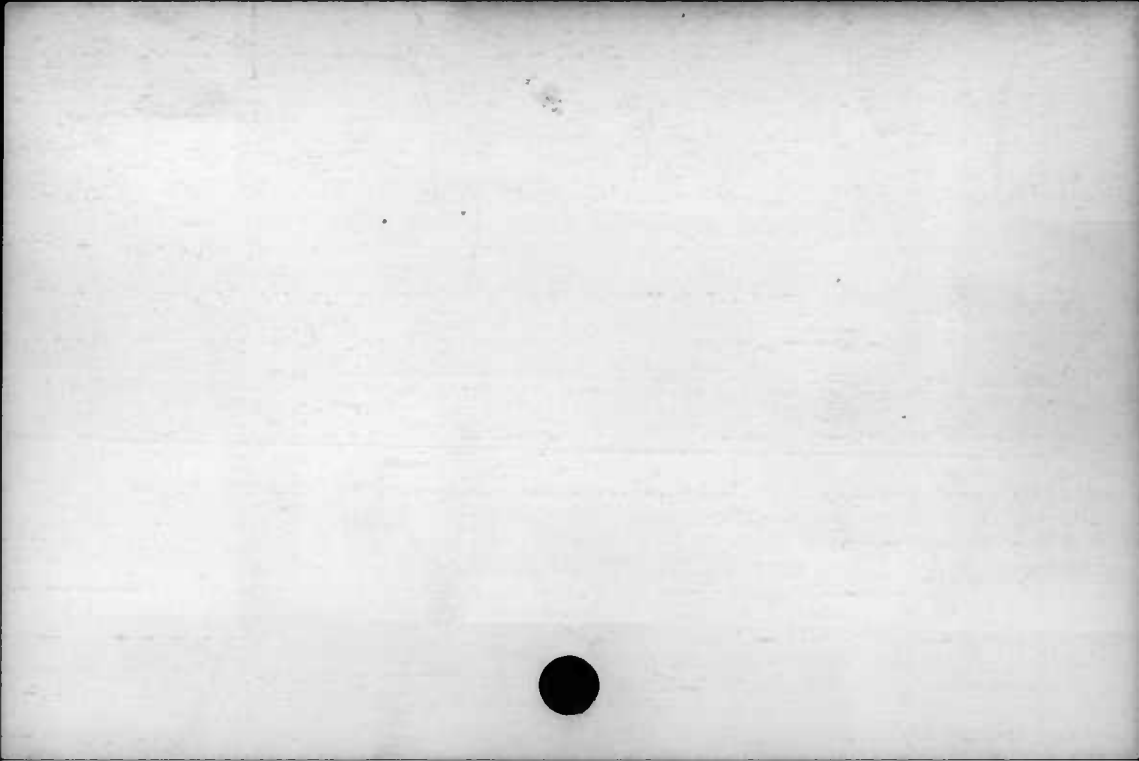
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Estelle Richardson

Town

County

Prince George

MARYLAND

Died at

Date 1896

Month

Day

Y.

M.

D.

Native of

Occupation

OCT-31

Age

4 10

Md

Child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Fred Richardson

Mother's

Name

Georgia Richardson

Cause of

Primary

Typhoid fever

Death

Immediate

Hemorrhage within

How long sick

14 days

Accident, Suicide, Homicide

Reported by

J. M. Parker M.D.

Address

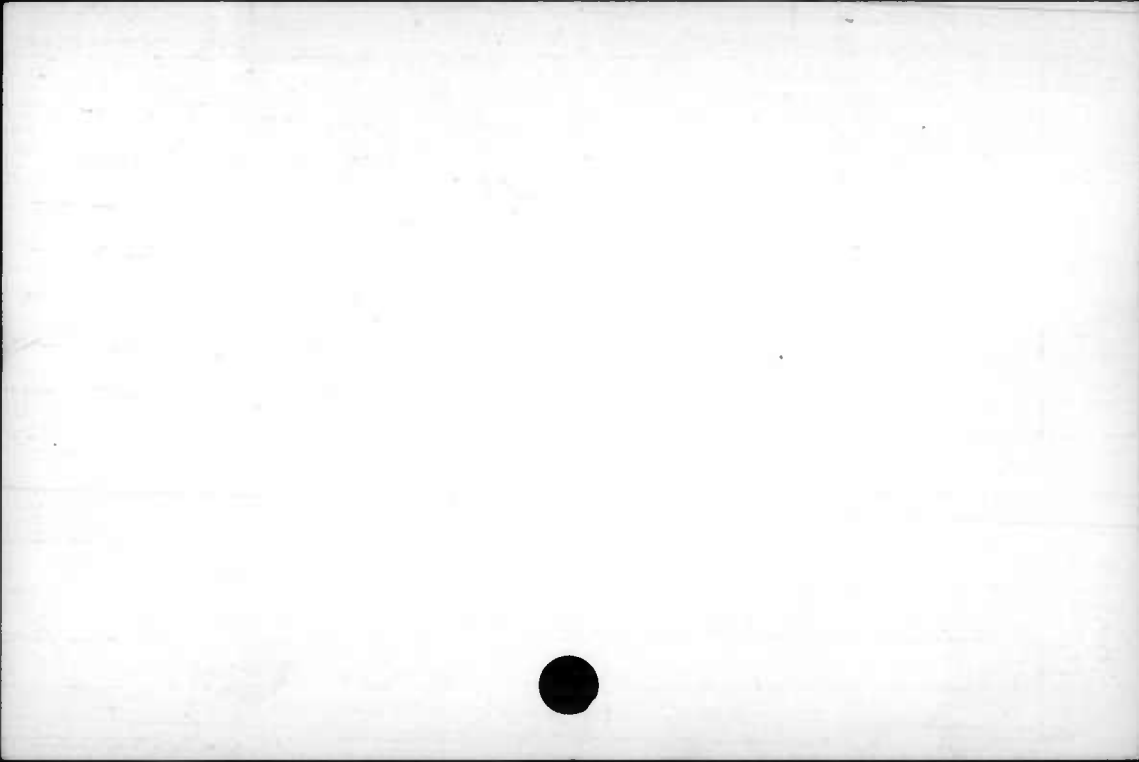
Congress Heights

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full Elizabeth Sellman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Upper Marlboro <small>Town</small> P. G. <small>County</small>		MARYLAND
	Date of death 1905 <small>Month</small> 10 <small>Day</small> 14 <small>Age</small> 6 <small>Years</small> 6 <small>Months</small> — <small>Days</small>		
	Sex Female <small>Color or Race</small> Black <small>Birth-place</small> P. G. Co. Md		
	Occupation — <small>Where Residing if not at place of death</small> —		
	Married, Single or Widowed — <small>Name of Wife or Husband</small> —		
	Father's Name Nelson Sellman <small>Father's Birthplace</small> A. A. Co		
Mother's Maiden Name Susan Owings <small>Mother's Birthplace</small> A. A. Co			
Name of person giving information Nelson Sellman <small>How related to deceased</small> Father			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Don't Know <small>How long</small> Don't Know		
	Immediate — <small>How long</small> —		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Nelson Sellman, Father	
		Address Upper Marlboro Md	
	Accident or Suicide?		



Name
in
Full

Stice born Sellner (M. M.)

CERTIFICATE OF DEATH

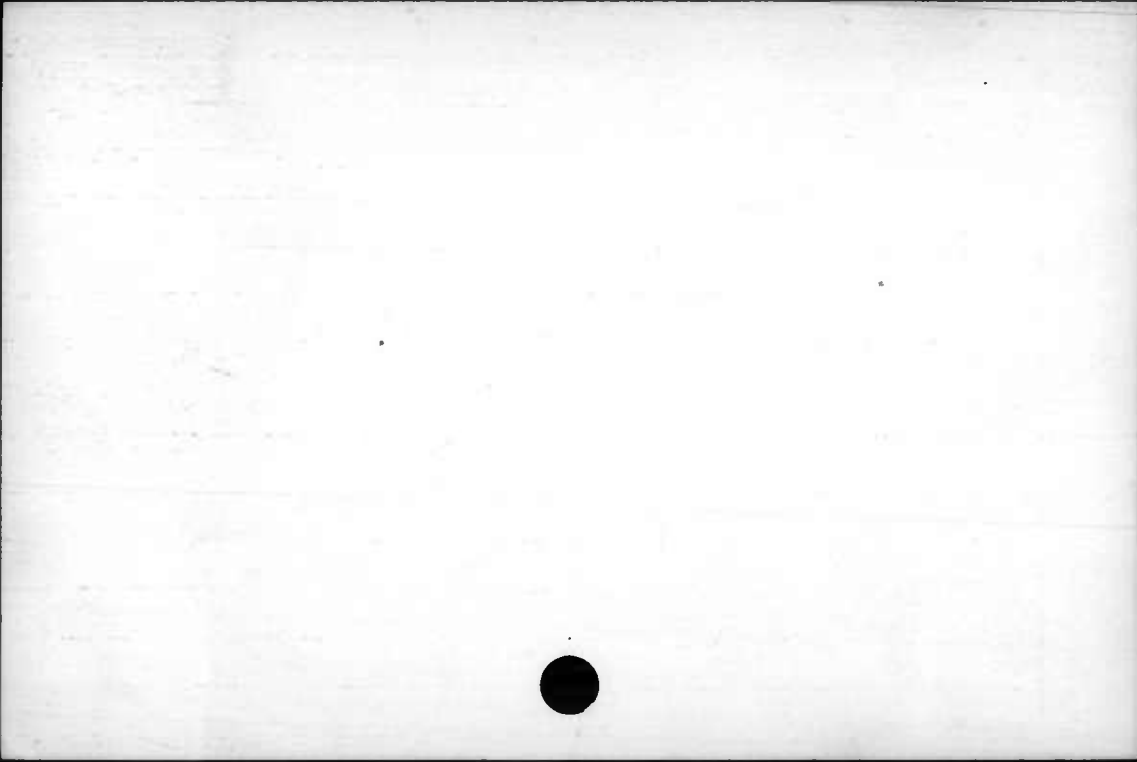
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bird Landon</i>		Town <i>P. Georges</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>6th</i>	Years	Age <i>Stice born</i>	Months	Days	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>red</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Harry Sellner</i>		Father's Birthplace <i>red</i>					
Mother's Maiden Name <i>Thorn</i>		Mother's Birthplace <i>red</i>					
Name of person giving information <i>J. L. Waring</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>miscarriage</i>	How long <i>4 hours</i>
Immediate	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>As far as known</i>	Signature of Physician <i>John L. Waring</i>
	Address <i>Bellevue Md.</i>
Accident or Suicide?	



Name
in
Full

Charles F. Shaffer Dr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> ^{Town}		<i>Pt Georges</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Year}	<i>Oct</i> ^{Month}	<i>13</i> ^{Day}	<i>47</i> ^{Years}	<i>47</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Laurel</i>		
Occupation <i>Mechanic</i>	Where Residing if not at place of death <i>Laurel</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Annie Shaffer</i>				
Father's Name <i>Charles Shaffer,</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary <i>Enlargement of Liver</i>	How long <i>Six months</i>
Immediate <i>Toxemia</i>	How long <i>One week</i>

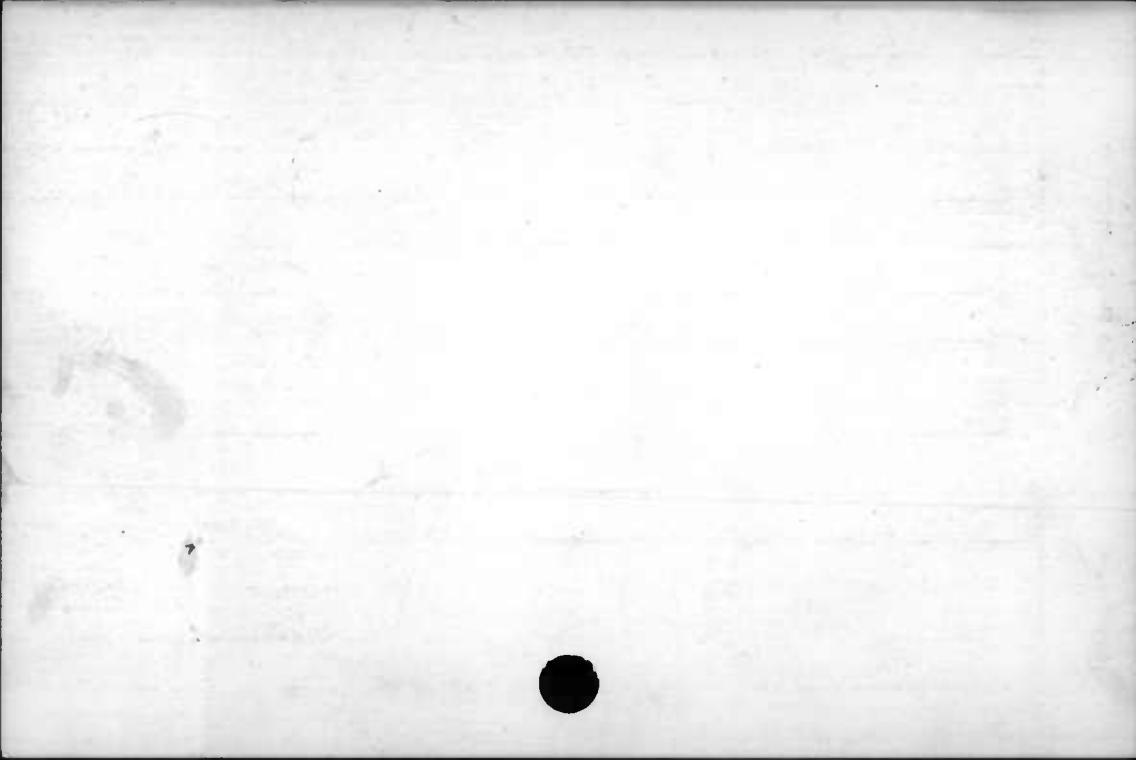
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

John Cronmiller M.D.
Laurel Md

Accident or Suicide?



Name
in
Full

William H. Simmons

CERTIFICATE OF DEATH

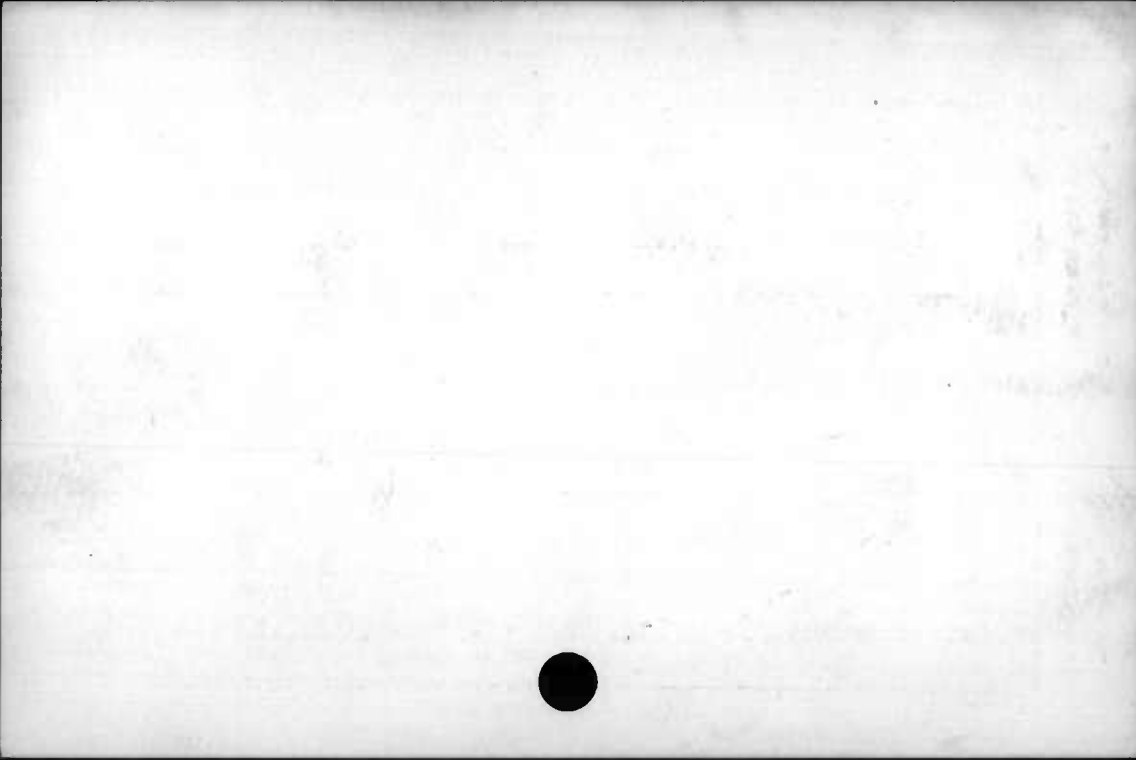
TO BE ANSWERED BY
NEAREST FRIEND

Died at		New ^{Town} Glatz		Pr. Geo. ^{County}		MARYLAND	
Date of death 1905	Month 10	Day 17	Age 25	Years	Months -	Days -	
Sex Male	Color or Race White		Birth-place Md.				
Married, Single or Widowed Widower			Occupation Farm Laborer				
Name of Wife or Husband							
Father's Name James Simmons			Father's Birthplace Md				
Mother's Maiden Name Deceased			Mother's Birthplace				
Name of person giving information James Welch			How related to deceased		Bro. in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Salvular Heart disease	How long	15 yrs
Immediate	Ruptured artery	How long	-
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. P. Simpson M.D.	
		Address Rosecroft Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Ella C. Swinms

Town

County

Died at Rose Graft - Prince Geo.

MARYLAND

Date 1905	Month Oct	Day 13	Y. 1	M. 8	D.	Native of Maryland	Occupation Child
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Marasmus

Death

Immediate

Asthma

How long sick

8 weeks

Accident, Suicide, Homicide

Reported by

Address

Congress

Hights

St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

In
Full

CERTIFICATE OF DEATH

Emma Smallwood

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Near Hyattsville* ^{County} *Prince George* **MARYLAND**

Date of death ^{Month} *1905 Oct* ^{Day} *12* ^{Years} *22* ^{Months} *-* ^{Days} *-*

Sex *Female* Color or Race *white* Birth-place *Va*

Occupation *House Keeper* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *George H Smallwood* Father's Birthplace *Va*

Mother's Maiden Name *E.L. Williams* Mother's Birthplace *Va*

Name of person giving information *-* How related to deceased *Cousin*

CAUSES OF DEATH

Primary *Peritonitis* *116* How long *Unknown*

Immediate *Unknown* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Isaac W. Palmer MD
Hyattsville
Md

Accident or Suicide?

0624
20
28

Name
in
Full

George Francis Stungess

CERTIFICATE OF DEATH

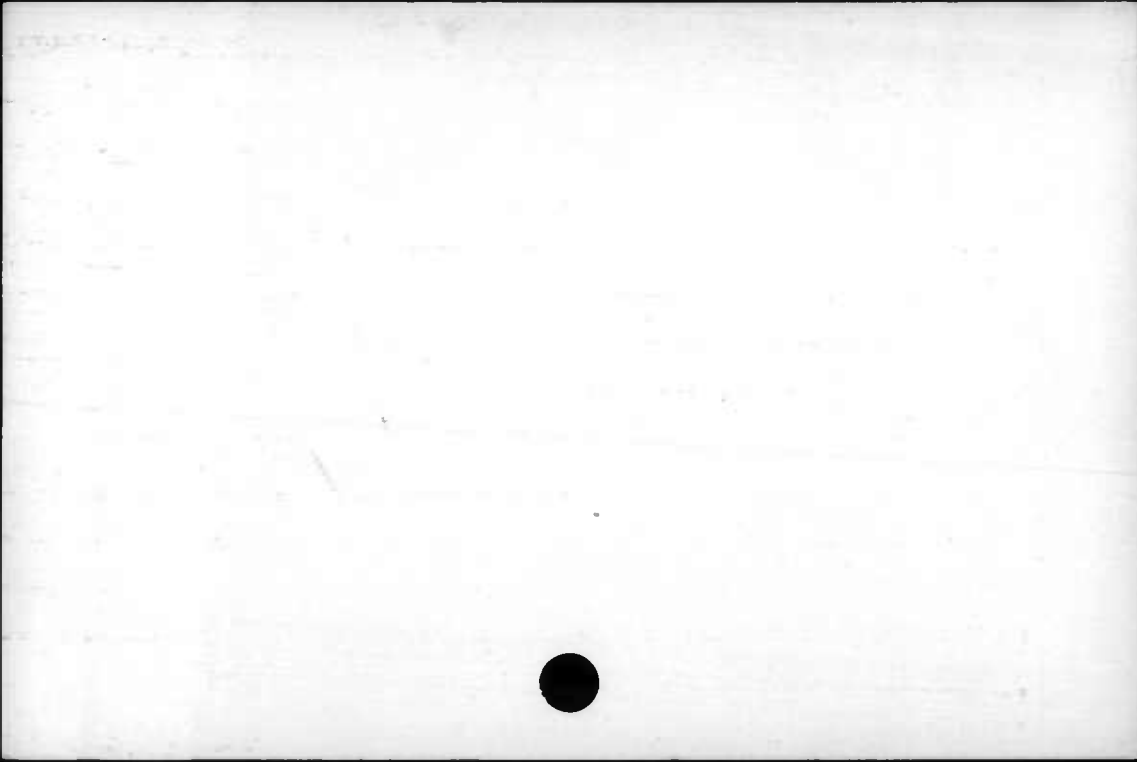
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leland</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death	1905	Month	Oct	Day	22
Age		Years		Months	3
Sex	Male		Color or Race	White	
Birth-place	Maryland				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		George Stungess		Father's Birthplace	Maryland
Mother's Maiden Name		Maggie Burgess		Mother's Birthplace	Maryland
Name of person giving information		George Stungess		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	1 month
Immediate	Malnutrition	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. A.R. Walker	
Address		Halls, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Croom Fla ^{Town} P. I. ^{County}

Date of death 1905 ^{Month} Oct ^{Day} 19 ^{Age} — ^{Years} — ^{Months} 2 ^{Days} —

Sex Male Color or Race Black Birth-place Maribon

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Mitchell Swann Father's Birthplace Ches C. Md

Mother's Maiden Name Mrs. — Mother's Birthplace P. I. Md

Name of person giving information Mitchell Swann How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum ^{How long} Don't know

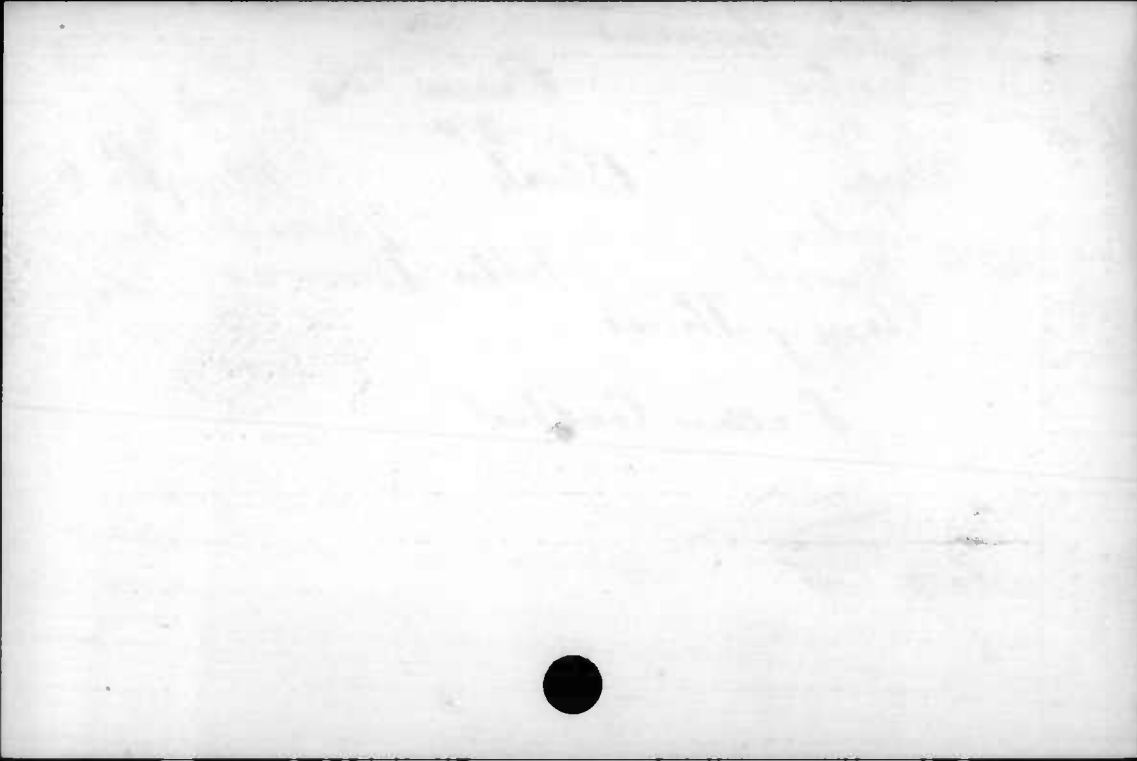
Immediate men saw it & die ^{How long} —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Charlie Thomas

CERTIFICATE OF DEATH

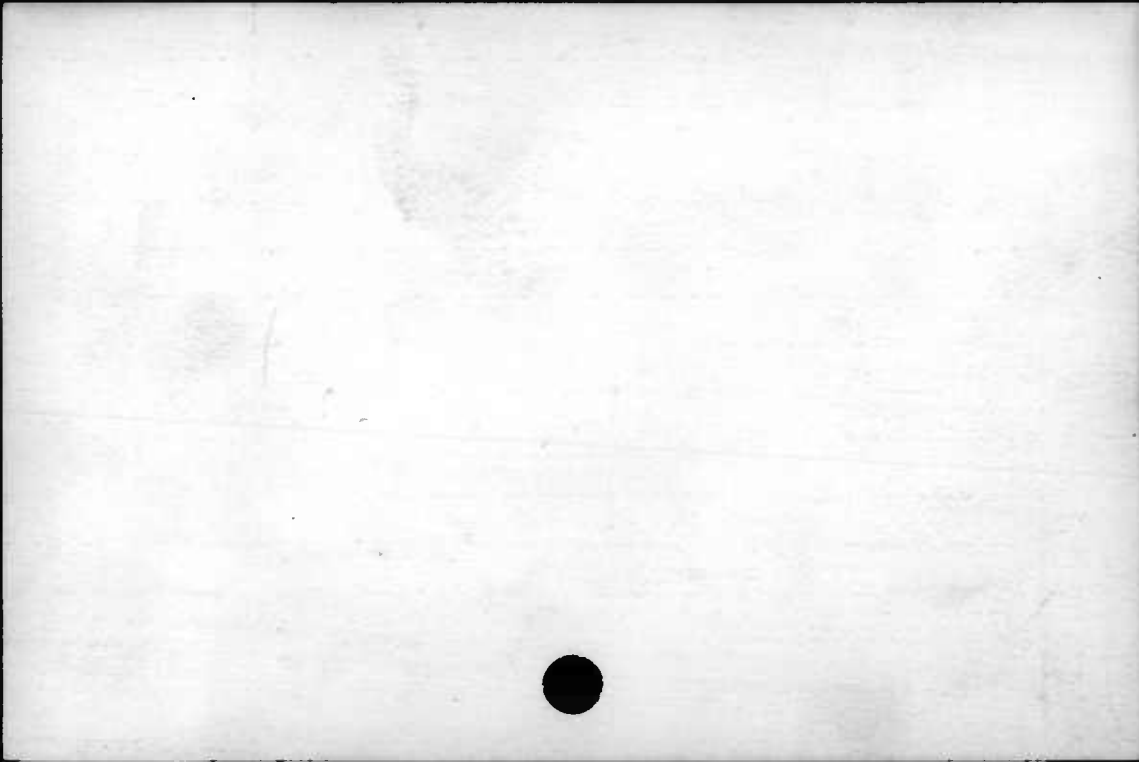
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Court</i> <small>Town</small>		<i>Prince Geo</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Oct</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <i>24</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Muirkirk</i>			
Occupation <i>Lumber</i>	Where Residing if not at place of death <i>Muirkirk</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Thomas</i>				
Father's Name <i>Henry Thomas</i>	Father's Birthplace <i></i>				
Mother's Maiden Name <i></i>	Mother's Birthplace <i></i>				
Name of person giving information <i>Flatten Calbert</i>	How related to deceased <i>16</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accident ^{of fall} termed beneath fall</i>	How long <i>—</i>
Immediate <i>Probably internal hemorrhage</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Taylor</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

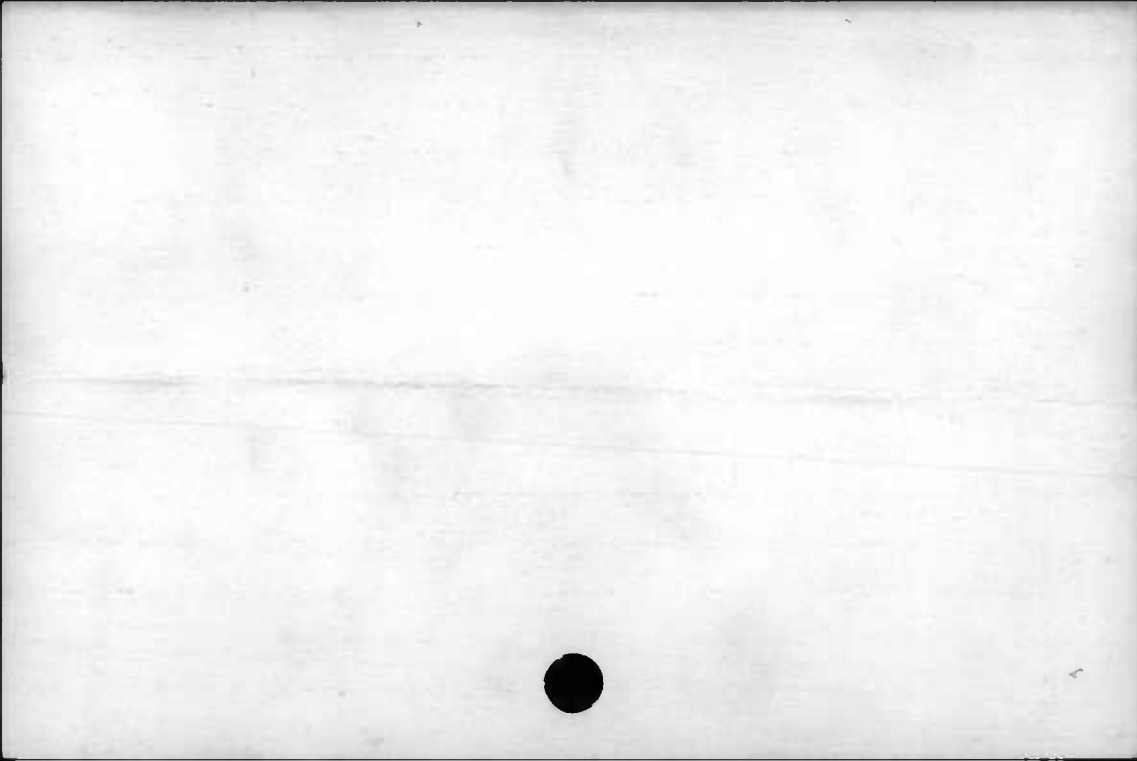
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Arthur M Tillman</i>		Town <i>Laurel</i>		County <i>Prince Geo</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>8</i>		Years <i>3</i>	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>8</i>		Years <i>3</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>md</i>		Days <i></i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Samuel Grady</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Marie Tillman</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Marie Tillman</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>		How long <i>3 months</i>	
Immediate <i>aschemia</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. F. Taylor</i>	
		Address <i>Laurel md</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Elizabeth Tucker

CERTIFICATE OF DEATH

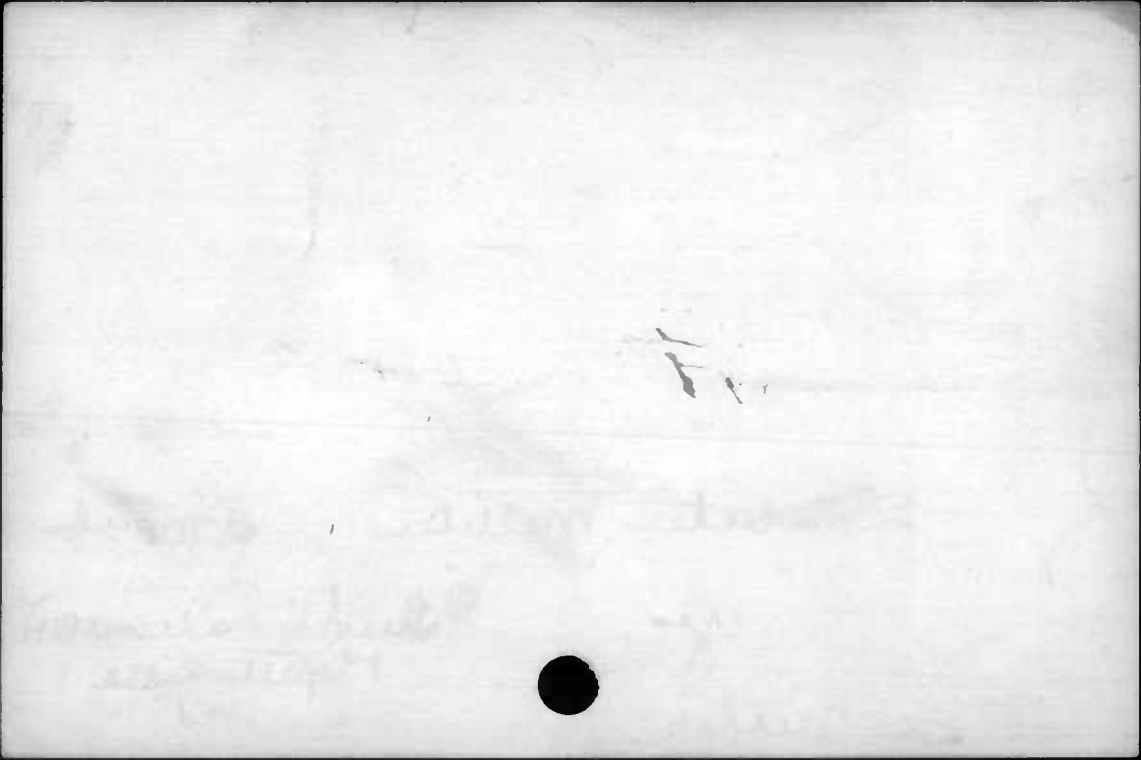
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bladensburg		County Prince Geo.		MARYLAND	
Date of death		Month 1905 Oct-		Day 13		Age Years 2 Months 14	
Sex Female		Color or Race white		Birth- place M.D.			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wesley Tucker.		Father's Birthplace M.D.					
Mother's Maiden Name Dee Reed		Mother's Birthplace Va					
Name of person giving In formation Dodie Tucker		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Since birth
Immediate	Indigestion	How long	4 or 5 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. J. Perry	
		Address Hyattsville Prince George's Co	
Accident or Suicide?			



Name
in
Full

Charles Carroll Vrooman

CERTIFICATE OF DEATH

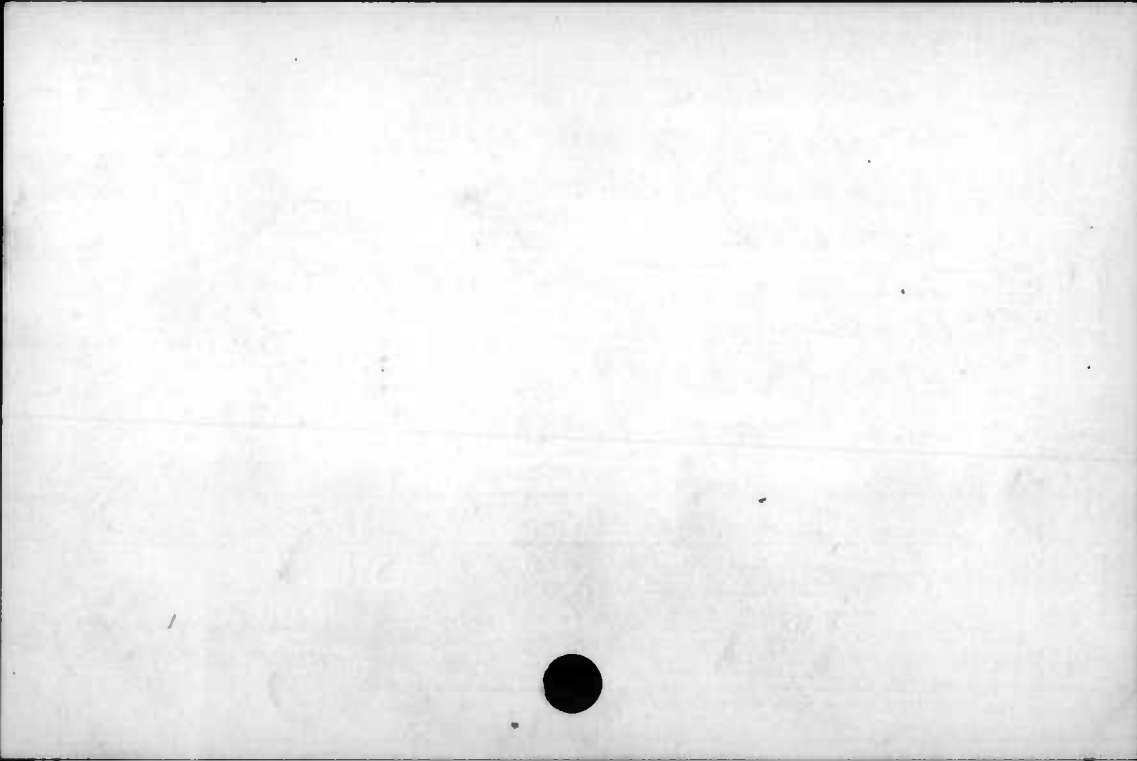
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death	<i>1905 Oct</i> ^{Month}	<i>4</i> ^{Day}	Age <i>18</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Iowa</i>		
Occupation <i>Student</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Charles E Vrooman</i>	Father's Birthplace <i>Iowa</i>				
Mother's Maiden Name <i>Julia C French</i>	Mother's Birthplace <i>Iowa</i>				
Name of person giving information <i>Edwin E Vrooman</i>	<i>SV</i>			How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>3 months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Samuel H. Palmer</i>
		Address	<i>Hyattsville Md</i>
Accident or Suicide?	<i>Neither</i>		



Name
in
Full

Eliza Wheeler

CERTIFICATE OF DEATH

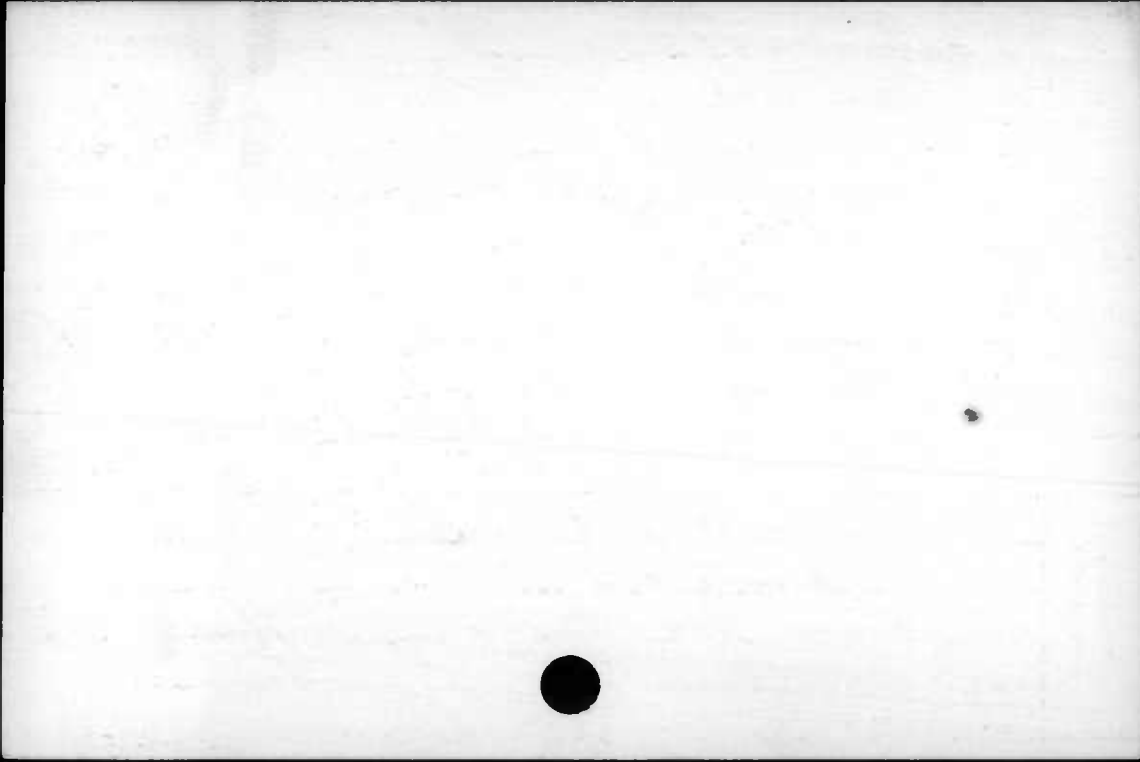
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clinton		County P.G.		MARYLAND	
Date of death		1905	Month Oct	Day 7	Years Age 101	Months 6	Days
Sex		Female		Color or Race		Black	
Occupation		None		Birth-place		Maryland	
Where Residing if not at place of death				Daughter			
Married, Single or Widowed		Name of Wife or Husband Robert Wheeler					
Father's Name		Unknown				Father's Birthplace	
Mother's Maiden Name		Unknown				Mother's Birthplace	
Name of person giving information		James Tolson				How related to deceased	
		None					

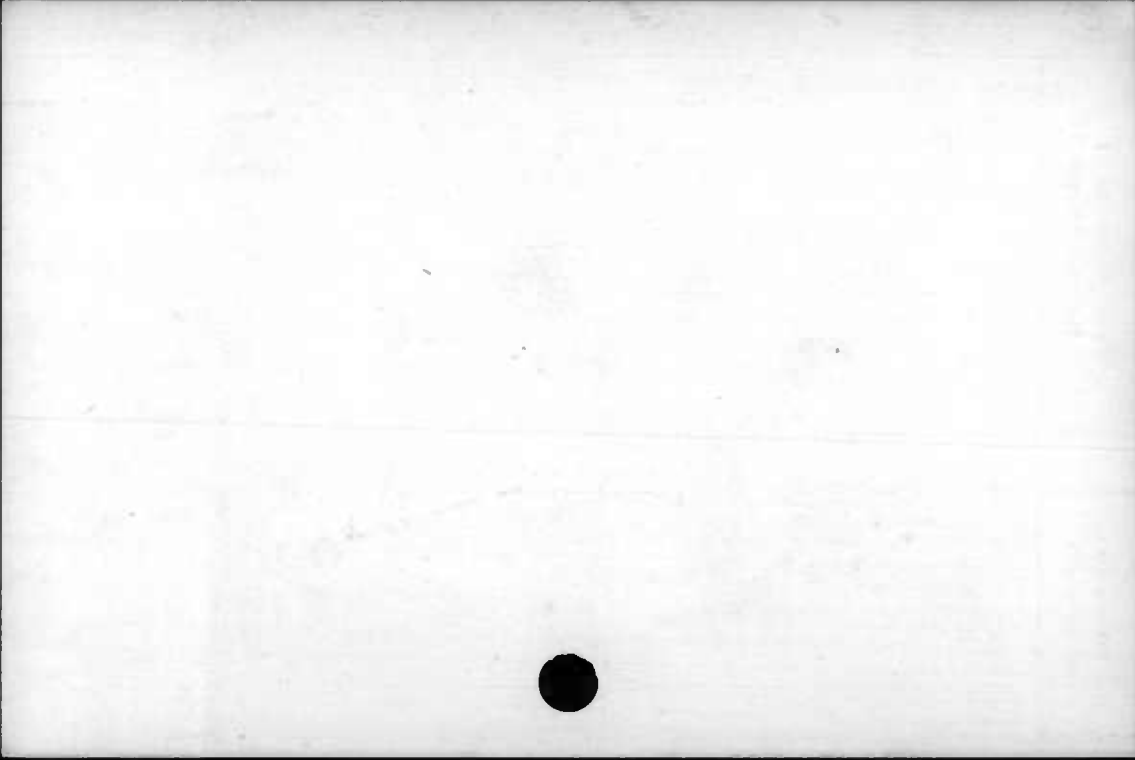
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		General debility		How long		18 months	
Immediate		Congestive heart		How long		4 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John L. Waring	
				Address		Clinton Md.	
Accident or Suicide?							



Name in Full		Guistavus Whitehead				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Laurel		Pa Geo		MARYLAND	
	Date of death	1905	Oct.	19	Age	77	6 -
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer.		Where Residing if not at place of death		Laurel	
	Married, Single or Widowed	Married		Name of Wife or Husband		Mary Whitehead	
	Father's Name	Hezekiah Whitehead		Father's Birthplace		Md	
	Mother's Maiden Name	Mary Waters		Mother's Birthplace		Md	
	Name of person giving Information	Thos. Whitehead		How related to deceased		Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Locomotion Ataxia				How long	2 yrs.
	Immediate	Paralysis				How long	24 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. R. Hunt. M.D.	
	Address		Laurel		Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

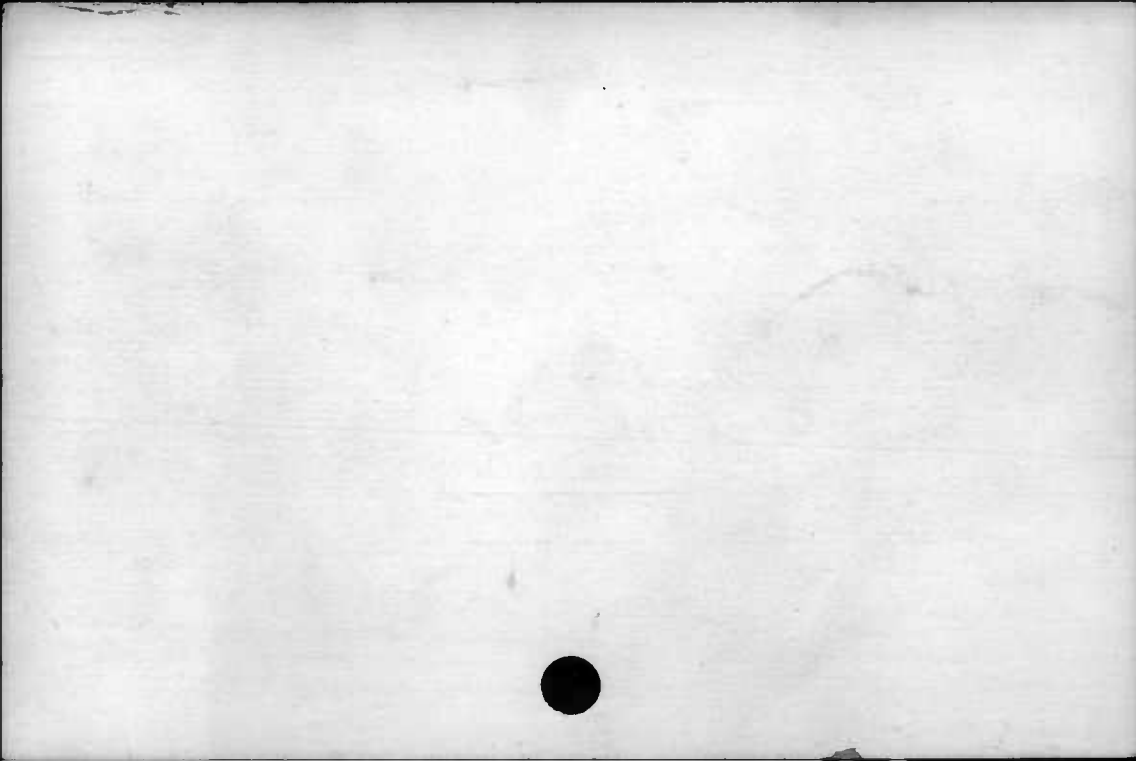
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> Town		<i>Prince Geo.</i> County		MARYLAND	
Date of death <i>1905-Oct</i> Month		<i>15th</i> Day		<i>79</i> Age	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A.A. County, Md.</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Thos. Whitehead</i>			
Father's Name <i>Henry Kiah Whitehead</i>		Father's Birthplace <i>A.A. Co. Md.</i>			
Mother's Maiden Name <i>Mary Kater</i>		Mother's Birthplace <i>A.A. Co. Md.</i>			
Name of person giving information <i>Eliza Salome</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>asthma</i>	How long <i>10 years</i>
Immediate <i>undetermined</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. [illegible]</i>
	Address <i>Laurel Md.</i>
Accident or Suicide?	



Name
in
Full

Aurine Owens Williams

CERTIFICATE OF DEATH

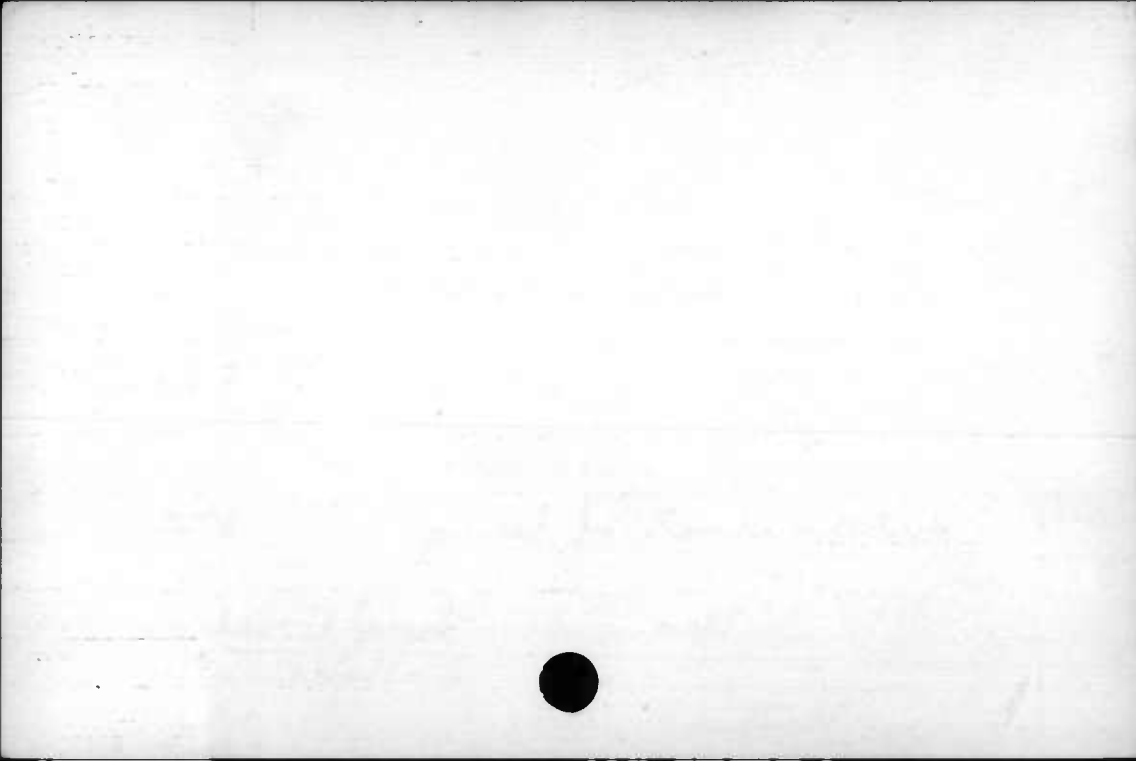
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hardisty		County Prince George		MARYLAND	
Date of death		Month 1905 Oct	Day 14	Years 21	Months 4	Days —	
Sex Female		Color or Race Colored		Birth-place Maryland			
Occupation Domestic			Where Residing if not at place of death —				
Married, Single or Widowed Married		Name of Wife or Husband Joseph Williams					
Father's Name Walter Owens		Father's Birthplace Maryland					
Mother's Maiden Name Eliza Brown		Mother's Birthplace Maryland					
Name of person giving information Dora Brown		How related to deceased Grand father					

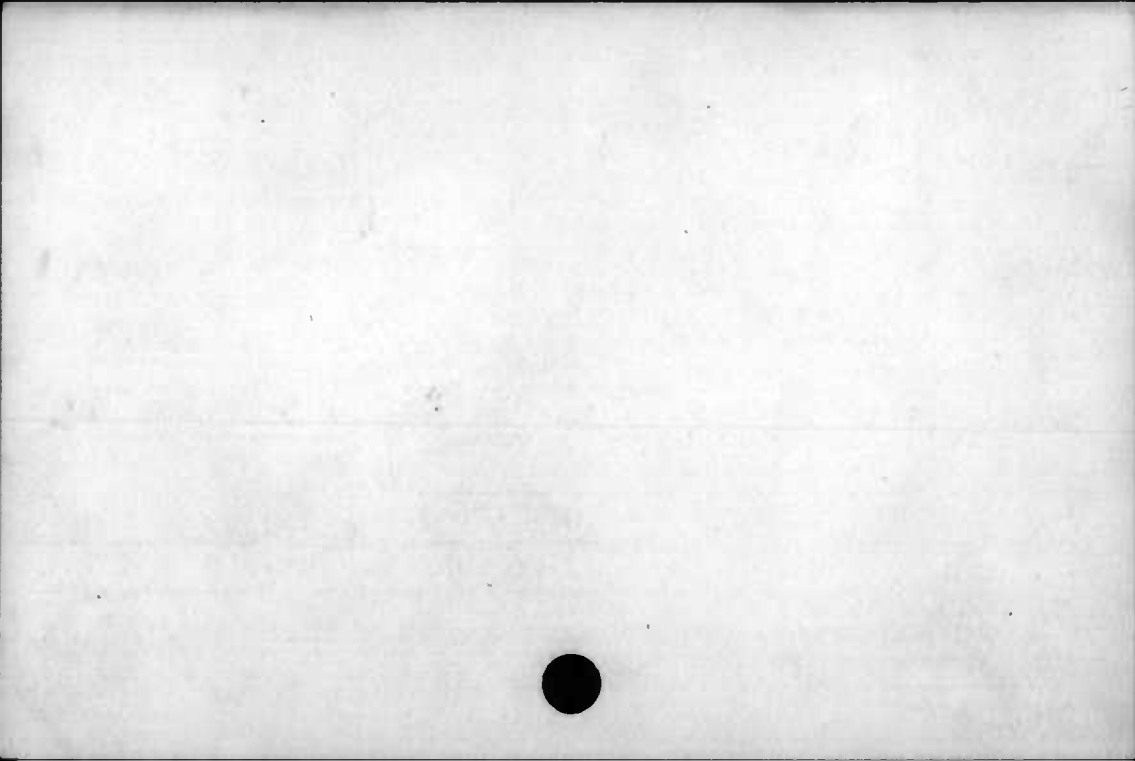
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 mos.
Immediate	Not known	How long	Did not attend case
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. A. R. Walker	
Address		Stalls, Md	
Accident or Suicide?		—	



Name in Full		Charles Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hyattsville		County Prince Geo		MARYLAND	
	Date of death	1905	Month Oct	Day 10	Age 4	Years Months	Days
	Sex	Male		Color or Race Colored		Birth-place D.C.	
	Occupation	None			Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	John Wilson				Father's Birthplace Don't know	
	Mother's Maiden Name	Alice Thomas				Mother's Birthplace Md	
Name of person giving information	Stephen Thomas				How related to deceased Uncle		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis of lung				How long	3 mo
	Immediate	"				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Guy W. Hatter		
					Address Hyattsville Md		
	Accident or Suicide?		Neither				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Capitol Heights Prince George

MARYLAND

Date

of death 1905

Month

oct

Day

2

Age

Years

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Capit. Hgts

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Harry E. Woodfield

Father's
Birthplace

Wash. D.C.

Mother's
Maiden Name

Irene M. Ratcliffe

Mother's
Birthplace

N. York. N.Y.

Name of person giving
information

Harry E. Woodfield

How related
to deceased

Parents

CAUSES OF DEATH

Primary

Premature

How long

8 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Mrs O. P. Litz, Milwauke

Address

Capit Heights. Md

Accident or Suicide?

